



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

# Inspection Report on

**Brooklands Care Home**

**Narberth Road  
Saundersfoot  
SA69 9DS**

## **Date of Publication**

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## **Description of the service**

Brooklands Care Home is registered with the Care and Social Services Inspectorate Wales (CSSIW) to accommodate no more than 40 older persons aged 65 years and over, with dementia, requiring nursing or personal care. Two places within the 40 places can be used for younger persons aged 18-64 years with dementia, requiring nursing care and one specified room cannot be used for people with restricted mobility who require equipment for the purpose of moving and handling. The home is located close to Saundersfoot and the registered manager is Darren Umanee.

## **Summary of our findings**

### **1. Overall assessment**

People enjoy a range of activities in an uplifting, safe and clean environment. There is a high level of satisfaction with the care provided and nutritional needs are supported through well prepared and well presented meals. Staff are motivated, competent and supported. Information about the service is reviewed and current.

### **2. Improvements**

This was a post-registration inspection.

### **3. Requirements and recommendations**

Section five of this report sets out the action service providers need to take to ensure the service meets the legal requirements and recommendations to improve the quality of the service provided to people in the care home.

# 1. Well-being

## Summary

Well-being is promoted and maintained through the provision of a range of activities and opportunities. Wholesome food is provided and soft consistency food is prepared and presented to a high standard to resemble the original item.

## Our findings

We found that people are able to pursue a diverse range of activities and interests. During our inspection we saw people occupying two separate lounges and enjoying a film, engaged in tactile activities and being offered a pouch of lavender to smell. We saw that large poppies had recently been made from wood and had been decoratively placed in the ground at the entrance of the home. We spoke with the activities coordinator who relayed that aromas were often used to evoke memories and there were often themed events or projects to occupy people. We saw photographs of a recent Halloween event where staff and relatives dressed up and we were told that staff and relatives would be dressing up the following day for a Remembrance Day event. We spoke with a relative who said they would be dressing up for the next day's event and that such events were positive: *"feels like a family"*. The home had dedicated transport for trips to local places of interest and we saw photographs of recent trips to Folly Farm and Lydstep. We saw many photographs that evidenced that indoor activities were diverse. They included: bowls, skittles, golf, painting, table top games, gardening, sensory activities, bingo, karaoke, beauty treatments and various craft activities. Animals had been brought to the home in the past and we were told that arrangements were being made for more animals to visit in the near future. Visitors were encouraged to bring children and infants and we saw a photograph of a child who had entertained everyone through playing a guitar and singing. People were supported to visit the library regularly and talking books were proving to be popular. A local chapel attended once a month to do songs of praise and this was also undertaken in-house by staff. Birthdays were always celebrated and people enjoyed music and dancing at any event. People were able to enjoy lunches out and visits to local pubs. Activity records were kept for each person and photographs were printed and placed in scrapbooks for each person. Staff we spoke with were enthusiastic about providing activities and felt supported in maintaining a variety of resources: *"I love my job"*; *"always entertainment going on"*; *"we like to see them smiling and happy"*; *"Darren is marvellous, if I want something I get it"*. We therefore consider that people have a positive sense of well-being through engagement in a range of opportunities.

People are receiving wholesome home-cooked meals. During our tour of the building we saw people enjoying a cooked breakfast of bacon, sausages and eggs. We saw in the dining room that breakfast options included cereals, porridge, scrambled eggs and cheese on toast - in addition to the cooked breakfast. There were pictures next to each entry to aid understanding and assist people with their choice. Lunches were more a of a snack selection as the cooked breakfast was a popular choice. The evening meal was a hot meal that included a variety of fresh vegetables and puddings and cakes were available after each meal. We spoke with the cook who showed us many photographs where food had been piped into moulds to resemble the original item – mashed peas had even been piped to resemble individual peas. The effort taken to ensure that the piped food resembled the

original item was very impressive and the registered manager had noted that the people who required food at this consistency were eating more as a consequence. Consideration had also been given to the colour of the tablecloths and crockery to ensure that there was sufficient contrast to support people who had difficulties at meal times. We observed people being supported at lunch time. Staff were appropriately dressed in aprons and people were given time to enjoy their food. Where people required assistance this was done with patience and we observed nice interactions with people chatting and laughing in response to staff. One person living in the home told us “*always have lovely meals – do a variety*” and relatives were also positive. We were told that the food was always hot, that the presentation was impressive, that there was always an alternative and that it was “*very good*”; “*the quality of the food is brilliant*”. We therefore consider that people’s nutritional needs are well-considered and accommodated to ensure their well-being.

## 2. Care and Support

### Summary

People's care needs are clearly identified, understood and are well communicated. There is a high level of satisfaction with the care being provided and staff are knowledgeable and supported to ensure that the care provided is appropriate.

### Our findings

People's care needs are clearly identified. We viewed care files and saw that they were well organised with an index sheet making information easily accessible. Each care file had a photograph, a pre-admission assessment and a summary detail sheet. A monthly overview sheet provided an "at a glance" check that monthly reviews had been undertaken. The care plans were detailed across all areas of functioning and were consistently reviewed on a monthly basis. These were accompanied by relevant documentation such as Malnutrition Universal Screening Tool (MUST) or Pressure Sore Prediction Score, Speech and Language Therapy Assessment or Oral Health Risk Assessment. All risk assessments were detailed and tailored to each person's requirements. Guidance to staff in the risk assessments was clear: "*build a relationship...decrease stimulation...give reassurance...be aware of factors/warning signs*". We noted that a calm and comfortable environment had been created in the Devis unit which accommodated five people who had been referred due to their higher support needs and their presenting behaviours. We spoke to a relative about the support provided in this unit and we were told that it was "*excellent, best thing ever – they're marvellous*" and that the staff knew their requirements. Staff we spoke with told us that there had been a reduction in the use of anti-psychotic medication as a consequence of providing appropriate support and we therefore advised the registered manager that this should be evidenced as positive outcomes in individuals' documentation and in the annual review of quality of care report. Other relatives we spoke with were also complimentary about the care provided by staff: "*good bunch of staff – respect the people*"; "*cracking staff members – they care*"; "*good team*"; "*staff are amazing, very caring, know the residents very well and anticipate their needs*"; "*staff are fantastic...first class*". We therefore consider that people are very satisfied with the care being provided.

People's needs are understood and well communicated. Do Not Attempt Cardio Vascular Resuscitation (DNACPR) forms were signed and dated by GPs and relatives where appropriate and Deprivation of Liberty Safeguards authorisations had been granted. We also saw evidence that a renewal was requested by the registered manager in advance of the expiry date. People's safety was also considered in relation to emergency evacuation in the event of a fire and the level of support was identified to assist people to safety. Nursing intervention sheets outlined the tasks that had been undertaken on a daily basis but also provided a narrative, in part, about activities - "*engaged in activities and reading*"; "*listening to music*"; "*ball games enjoyed*" - or emotional well-being - "*settled, good mood, content, good humour, mood bright*". The registered manager confirmed that staff had been encouraged to include this information and we advised that staff should be further encouraged to capture outcomes for people in their documentation. Other means for communicating people's needs included staff handovers and communication book and general staff meetings and nursing staff meetings. We saw that care needs had been

discussed at the last general staff meeting. A new medication room was in the process of being developed which would accommodate individual storage space for each person. We spoke with staff who considered that this arrangement would ensure safer practice in the administration of medication. Medication administration records we viewed were accurately completed with double signatures for hand-written entries. Medication records were accompanied by profiles of each person and their photograph and formal agreement from GPs had been received in relation to the covert administration of medication for identified people. We therefore consider that people's care and support needs are understood and communicated effectively.

Staff have the necessary support and training to undertake their role. Staff told us that they were happy in their work: *"I love this and I love the home"*; *"I think so much about our clients – we all do"*; *"it's like my home"*. We saw that staff were happy during the course of the inspection and this created a pleasant and relaxed atmosphere within the home. Staff confirmed that team working was positive: *"happy as a team"*; *"team work is the main thing"*. When asked if staff felt supported we were given the reply – *"always"*. We saw in staff files that staff had received mandatory training and staff confirmed that they *"get training all the time"*. Virtual Dementia training had been undertaken by staff and this had been considered to be very beneficial. Some staff were attending a Welsh lesson during our inspection. These had been started in October to centre on basic communications around care. Six staff and the registered manager were attending these classes and during the course of the inspection we heard staff conversing in Welsh with one person in the lounge. There were two residents who were Welsh speaking living in the home at the time of the inspection. In conversation with the registered manager, the Welsh courses had been instigated in an attempt to develop the service into becoming a bilingual service even though there was a low demand at the time for communications through the medium of Welsh. We therefore feel that people are supported by staff who are committed and have the necessary knowledge to provide appropriate care.

### **3. Environment**

#### **Summary**

The home has been refurbished and decorated to a good standard. All areas are clean and all facilities are well maintained. The home provides a safe and secure environment.

#### **Our findings**

The refurbishment and decoration of the building is beneficial for people living with dementia. Corridors had been painted in different pastel colours and there were a variety of tactile wall hangings, photographic montages, pictures and paintings to stimulate interest or memories. Doors to people's rooms had been replaced with panelled doors that replicated front doors to people's houses – complete with door knockers. The side panel to the door was also able to be opened to allow generous access for mobility aids where required. These doors were different colours and this had proven to be beneficial for some people in relation to their orientation around the home. People had personalised their rooms with their own belongings. Exterior walls had been painted with various murals that had been completed by a local artist and this provided an improved outlook from some people's rooms. We were told that a sensory room was going to be developed in the near future as part of the ongoing development of the home. Relatives spoke favourably about seeing money being put to good use in the home through these decorative improvements and the registered manager told us that the changes had created a beneficial effect on the people living in the home. We therefore consider that people are uplifted by their surroundings.

We found that the home was clean and well-maintained. Bathrooms and toilet areas were spacious, free of any toiletries and were clean in all instances. Overhead hoists and assisted baths were serviced, as were sluices, all moving and handling equipment, slings, profiling beds, chair scales and hoist scales. We saw that moving and handling spot checks were also being undertaken with staff to ensure that safe practices were being maintained. Legionella testing was routinely undertaken and a Legionella Risk Assessment had been completed in the last six months. Shower heads were cleaned on a monthly basis and there were weekly checks of water temperatures, emergency lighting, emergency doors and fire alarms. The fire alarm system had been serviced in June 2017 and all staff had attended fire lectures in-house to ensure their understanding about procedures. Fire extinguishers had also been serviced in June 2017. We therefore consider that people's welfare is routinely maintained.

All areas within the home are accessible and provide a secure environment. During the inspection we saw that the communal areas of lounges and dining room on the ground floor were well utilised for meals and activities. There was a large enclosed garden to the rear of the home that provided ample open seating area and sheltered seating areas and we saw photographs of people enjoying this space during finer weather. Access to the home was by coded entry or by ringing the bell and all visitors were asked to sign a visitors' book. Where there was an identified need there were additional coded locks to ensure safety. Relatives we spoke with felt that people within the home were always safe and they had no anxieties on leaving the home after their visits. We therefore consider that people are protected from harm and are able to freely enjoy the facilities the home has to offer.

## 4. Leadership and Management

### Summary

Staff are provided with the necessary information and support to undertake their roles. The service is reviewed and information about the service is updated regularly.

### Our findings

Procedures for the recruitment and monitoring of staff performance are robust. We looked at staff personnel files and found that all the necessary pre-employment checks had been undertaken and the evidence was easily located in the files. We saw that all new staff had induction training and that their performance during their probationary period was closely monitored. Supervisions and appraisals were then routinely undertaken. Staff confirmed that they received supervision and that there was a structure in place for nursing and care staff to receive supervisions. Staff performance was also monitored through spot checks and staff meetings. We viewed minutes of a recent general staff meeting and saw that it was well attended. The agenda included items such as training, Welsh lessons, paperwork, events, teamwork, personal care, wheelchairs, clothes and supplies. We therefore consider that people are supported by staff that have been considered fit for employment and who are closely monitored to ensure that they are providing appropriate practice to meet people's needs.

Information about the service is current. We saw that the policies and procedures were currently being reviewed as part of the quality review process but advised that the control sheet for the review of policies and procedures was updated to reflect that the reviews were being undertaken. The Statement of Purpose had been updated in 2017 and conformed to requirements. We saw that the responsible individual undertook quarterly visits at the home and completed reports for each visit. Consultation with people using the service was being undertaken as part of the review process and questionnaires had recently been issued. The findings of these questionnaires would be collated into a report and sent to CSSIW early in 2018. In discussion with the registered manager we advised that compliments should be routinely collated or recorded as we had received positive feedback during the inspection. The registered manager stated that there had been no complaints received. We also advised that people's views on the service, and their representatives, needed to be documented as part of the reviewing and quality assurance processes. Relatives told us that they felt that the registered manager was very approachable and very responsive – *"always deals with everything"*; *"any problem I go to Darren and it's all sorted"*. We therefore consider that people receive information that is current and that they are able to voice their opinions about the service that they receive.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

This was a post-registration inspection.

### **5.2 Areas of non compliance identified at this inspection**

There were no issues of non-compliance identified at this inspection.

### **5.3 Recommendations for improvement**

We recommend the following:

- The control sheet for the review of policies and procedures is updated to reflect the reviews undertaken;
- The reduction in the use of anti-psychotic medication as a consequence of providing appropriate support should be evidenced as positive outcomes in individuals' documentation and in the annual quality review of care report;
- Staff to be further encouraged to capture outcomes for people in their documentation;
- People's views on the service, and their representatives, need to be documented as part of the reviewing and quality assurance processes.

## 6. How we undertook this inspection

We carried out an unannounced post-registration inspection on 09.11.17. We arrived at 9:05 a.m. and left at 18:05 p.m. The methods used included:

- Discussion with people living at Brooklands;
- Discussion with relatives of people living at Brooklands;
- Observations of practice;
- Discussion with care staff, nursing staff, activities coordinator, housekeeping staff and kitchen staff;
- Discussion with the registered manager;
- Viewing of care files and daily records;
- Viewing of medication administration records;
- Viewing of the statement of purpose;
- Viewing of maintenance and servicing documentation;
- Viewing of Responsible Individual quarterly reports;
- Viewing of quality assurance documentation;
- Viewing of staff personnel files;
- Viewing of staff meeting minutes;
- Tour of the building.

Further information about what we do can be found on our website [www.cssiw.org.uk](http://www.cssiw.org.uk)

## About the service

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|---|---|
| <b>Type of care provided</b>                                      | <b>Adult Care Home - Older</b>  |
| <b>Registered Person</b>  | <b>Brooklands Rest Home Limited</b>   |
| <b>Registered Manager(s)</b>                                      | <b>Darren Umanee</b>  |
| <b>Registered maximum number of places</b>                        | <b>40</b>   |
| <b>Date of previous CSSIW inspection</b>                          | <b>This was a post-registration inspection.</b>   |
| <b>Dates of this Inspection visit(s)</b>                          | <b>09/11/2017</b>   |
| <b>Operating Language of the service</b>                          | <b>English</b>  |
| <b>Does this service provide the Welsh Language active offer?</b> | <b>This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.</b> |
| <b>Additional Information:</b>                                    |   |