



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

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Brynawel Rehab Care Home

Brynawel House
Llanharry Road
Llanharan
Pontyclun
CF72 9RN

Type of Inspection – Baseline

Date of inspection – Tuesday, 8 March 2016

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Summary

About the service

Brynawel Rehab care home is located just outside the village of Llanharry in Pontyclun. It is registered with the Care and Social Services Inspectorate Wales (CSSIW) to provide personal care and accommodation for 16 adults with alcohol and substance misuse needs.

The home is owned and operated by Brynawel House Alcohol and Drug Rehabilitation Centre Ltd. The Board of Trustees have nominated a responsible individual to represent them and the Registered Manager is Jacquelyn Wood.

What type of inspection was carried out?

We CSSIW visited the home on an unannounced basis on the 8 March 2016 when we carried out a baseline inspection in accordance with the CSSIW regulatory process. All four themes: quality of life, quality of staffing, quality of leadership and management and quality of environment were looked at. The information for this inspection was gathered from the following sources:

- a review of information held by CSSIW about the service
- observations of daily life and care practice at the home
- a walk around the home and a review of the facilities available
- discussion with people using the service
- discussion with relatives visiting the service
- discussion with staff and manager
- examination of three residents files
- examination of a sample of three staff personnel files
- review of the homes systems for team communication
- consideration of information gained from health professionals working with the service
- consideration of information written in the services statement of purpose
- a review of the services quality assurance systems.

What does the service do well?

Brynawel staff have developed excellent therapeutic relationships with people using the service, giving them greater opportunity to achieve positive outcomes. The service is now developing rehabilitation provision for people with Alcohol Related Brain Damage (ARBD)

What has improved since the last inspection?

There were no non compliance notices issued at the last inspection and no areas for improvement identified.

What needs to be done to improve the service?

We did not issue a non compliance notice in respect to any issues found at this inspection visit.

We notified the registered persons of the following area of non compliance

- Regulation 19(2)(d) Sch. 2 (6) of The Care Homes (Wales) Regulations 2002 The registered person should ensure that application forms contain a full employment history, together with written explanation of any gaps in employment.

We did not issue a non compliance notice at this time, as the registered manager assured us that the evidence of the work undertaken by the employees for these periods will be placed onto the individual's personnel files.

In addition to the above, the following recommendation was made to ensure positive outcomes for service users

- the Responsible Individual, as part of his annual quality assurance report, to consider identifying improvements and developments the home wishes to achieve within an action plan within the report

Quality Of Leadership and Management

The evidence gathered during this inspection indicated that people benefit from a management approach that is open, positive and inclusive.

We reviewed the home's Statement of Purpose and Service User Guide. These documents should provide people with details of the services and facilities available within the home as well as the underpinning ethos for care delivery. We found both documents met the requirements of the Care Homes (Wales) Regulations, 2002. They also provided a clear outline of the care philosophy and the values underpinning the service; *to work with people to achieve sustained abstinence*. This shows that people's expectations about what the service says it provides is matched by the experience they receive

People may feel confident their views will be taken into account by the leadership and management of the home. The provider was seen to have clear oversight of the conduct of the home. We reviewed the monitoring reports completed by the responsible individual on behalf of the provider. We saw that monitoring visits took place regularly and there was evidence that people's opinions of the service were sought during this process. We were therefore satisfied that the home had an effective system for measuring how it meets the service aims as outlined within the Statement of Purpose. We also noted an annual review of the quality of service provision was completed with the latest available report covering the period to March 2016. Again we saw that the views of residents were obtained, this was via service user exit interviews and service user meetings. We did, however, advise the service that it would be beneficial to complete questionnaires with people using the service, as part of the annual quality audit, in order to gain more detailed feedback as to people's experience of care and rehabilitation at Brynawel. The report detailed the key achievements made by the home during the previous year. We did however, form the opinion that there could be greater emphasis upon the improvements and developments the home wished to achieve moving forward within an action plan and we made a good practice recommendation in relation to this.

People can be confident that the service will respond positively to feedback and critical incidents. We examined the home's accident and incident records and found that appropriate action had been taken on each occasion. Critical events had been audited in order to identify any trends and themes. The complaints policy was clearly displayed within the home. In addition to this, a suggestion box was available in the foyer where anonymous concerns could be brought to the attention of management.

People receive an improving service which they can rely upon. We saw evidence of ongoing improvements of the rehabilitation service offered. This included the updating of outbuildings within the grounds. We were informed that the service is actively working towards providing a service to people who experience Alcohol Related Brain Damage (ARBD), and had undertaken intensive research to identify rehabilitation opportunities for people within this category. They intend to build self contained flats within the grounds, to give people opportunity to develop independent living skills. We were informed that discussions and consultation had taken place with both staff and people using the service, who were positive and supportive of this. We spoke with staff who were extremely positive about being able to actively support people with ARBD to achieve positive outcomes.

Quality Of Life

We found that people receive effective, thorough support and intervention to assist them in working through their issues of addiction in a safe, comfortable and homely environment. We (CSSIW) spoke with people using the service who told us that they received an excellent service from staff who had a clear understanding of their needs. People we spoke with told us:

- *“everyone is friendly and helpful, this really helps me to meet my goals and be able to become independent”*
- *“Staff are at our level, but also really professional and I am confident in their ability to assist me”*
- *“This is the right place for me and my recovery”*
- *“It is not them and us, it gets tough sometimes, but they are always great with me”*

We found that people being supported at the home have opportunities to be involved in decision making, and have a degree of choice, control and influence in their daily lives. There are some limitations for people using the service, as part of the rehabilitation process is agreeing not to leave the home without staff support until the 10th week of the 16 week programme. However, people have choice and control over the activities they get involved with.

We observed lunch service and noted that the dining room was set out with tables that promoted conversation and interactions between people. We observed people chatting to each other and staff members. Meals were offered as set out on the menu, and people had a choice of meals. People are involved in planning menus in the form of a committee. The chef uses fresh and good quality ingredients. We observed the preparation of fresh asparagus and beef tomatoes with large mushrooms. Portion sizes were generous and service users told us *“the food here is excellent”*. One person told us that; *‘The food is lovely and I look forward to my meals’*. Another said *‘food is an issue for me, the chef will always talk through the menu with me to ensure there is food available that I will eat’*

People can be assured that they will have the opportunity to be active, positively occupied and stimulated with activities available over seven days a week. The activities available are varied and include household tasks, therapeutic groups and support including mindfulness sessions, gym attendance, vocational activities and trips out either supported or independently. We observed art work displayed throughout the home, all completed by people who use the service. The home grows some of its own vegetables and people can get involved in tending the gardens. We also observed vegetables from the garden being prepared for lunch. There were chickens in the grounds; people are able to get involved in caring for the chickens and washing the eggs. We spoke with residents and relatives visiting the home who confirmed that the activities were a positive part of peoples experience at the home and throughout their rehabilitation and that *‘There is something different available every day’*.

People can be confident that they have the appropriate responsive care from staff that have up to date understanding of their individual needs and preferences. We saw the home had clear documentation in residents care files to enable staff to work consistently. This included short, medium and long term goals agreed with the resident, which were reviewed every four weeks to identify outcomes which had been achieved and outcomes which needed further work. These provided a detailed account of peoples’ needs, strengths and support requirements. This documentation is important as it should provide staff with knowledge they need to support people consistently and safely. We saw that these documents were reviewed regularly and updated to include changes in

need. For example, we saw that one person had slipped and cracked their rib, the plan had been updated to include their need to take pain relief medication, when and why. On discussion with people using the service, they informed us that their views were listened to and respected. We observed that the service user delivery plans and reviews had been signed by people using the service. We saw evidence in care files of people being encouraged to be as independent as possible. We saw daily records of peoples care delivery during the day time. These were up to date, and the language used in this documentation was person centred.

People can be confident that their health needs will be monitored and considered. This is because people's specific health needs are anticipated at the time of their admission. People's nutritional needs are considered, and staff record food and fluid intake, as well as specific fortified drinks give. People are able to have access to specialist medical support when needed. For example, we looked at a sample of resident's care files and found evidence of regular GP and hospital contact when needed, as well as other outside referrals being made to professionals, e.g. dietician. We spoke with a visiting social worker during the inspection, who informed us that: *'we are always very happy with the service provided at Brynawel, they have excellent communication, and our service users speak positively about the intervention they receive'*. We looked at medication charts of the people whose files we were reviewing and found they had been completed accurately and in line with pharmaceutical guidelines.

People can be assured that their emotional well being will be promoted. This is because people have access to therapeutic staff and care staff with whom they have developed trust, people told us this and we observed positive relationships between staff and the people using the service. People's needs are assessed and anticipated and they have access to many different therapies including: Group Therapy, photo therapy, and mindfulness sessions. People are assisted to develop strategies to manage difficult situations when they leave. One person told me, *'They are really able to prepare me for leaving; my success or failure will be down to me once I have left and not Brynawel as they have given me all the support I need to make a success of things.'*

Quality Of Staffing

People at Brynawel rehab centre are supported by confident and competent staff who understand them and their needs

We spoke with staff members during the inspection. They presented as motivated to make a positive difference to lives of the people they supported. One staff member explained they enjoyed their work and felt well-equipped to undertake their role. We observed that interactions were relaxed and informal, as well as good humoured and people told us that staff always take time to talk and that relationships were 'very good'. We noted the sense of warmth between staff and residents, which contributed to the welcoming and homely atmosphere within Brynawel. We further noted that residents felt confident in approaching staff for support and assistance when needed. .

On the whole people can mostly be confident that their care is provided by a staff team who have been employed through a thorough recruitment process. We examined three personnel files, to test compliance with recruitment practices. All three were well organised. We saw signed job descriptions and terms of conditions. However, two of the three files we saw had evidence of gaps in employment. The Registered Manager was advised that this is contrary to Regulation 19(2)(d) Sch. 2 (6) of The Care Homes (Wales) Regulations 2002. We did not issue a non compliance notice at this time, as the registered manager assured us that she would ensure evidence of the work undertaken by the employees for these periods will be placed onto the personnel files.

We also examined the records relating to staff supervision. Supervision in this context refers to a formal meeting between the staff member and their line manager to discuss any practice issues, their training and development requirements as well as any further support the person may need in their role. It is essential for ensuring that staff feel motivated and have the skills required assisting people with complex needs. Our review demonstrated that staff received regular supervision in line with the National Minimum Standards for Care Home for Younger Adults. We also saw evidence of annual appraisals; the appraisal system is where longer term goals were agreed. Staff meetings had been held on a monthly basis to ensure that all staff members were up to date with current practice within the home. We therefore formed the opinion that service users benefit from well supported staff.

Of the three staff personnel files we observed, one was a recent new member of staff. We found that people can rely on staff having the training needed to provide skilled care. We saw evidence that staff were familiarised with the work of the service through attending induction training and on-going training, including: Manual Handling Techniques, Safeguarding Vulnerable People, Food Safety, and Medication. We found that the on going specialist training in alcohol dependence and substance misuse available was in line with Drug and Alcohol National Occupational Standards for misuse, and all recovery staff were qualified or working towards the minimum level 2 in care, with the aim of working towards level 3 in care.

Quality Of The Environment

The accommodation is set in a rural environment, which is stimulating and well maintained. Brynawel House is an old 'manor house' which has been adapted and extended. We found the building to be in a very good state of repair. Internally the home was decorated to provide a sense of familiarity and individuality, with domestic decoration and pictures on the walls, as well as bedroom doors being painted different colours. There is an intention to have new electronically controlled gates installed and windows on the ground floor have been modified to provide increased safety for people using the service

There were a number of communal areas available for people to use, including a selection of lounge areas and a communal dining room. We observed people relaxing, reading, playing games or conversing with others. They told us that they felt relaxed in choosing where to spend their time in the home.

People can feel uplifted by the environment. We found the premises to be light, airy, fresh and clean. Clear signposting ensured that people new to the building were able to find their way around. The buildings were located within their own grounds where smoking shelters were available for those who smoked. The gardens also contained a vegetable patch and a chicken coup, which had been maintained by service users. Eggs produced by the chickens, and produce from the vegetable patch had been used at the home.

People using the service can have private space or choose to spend time with others. This is because each person is allocated a bedroom with en suite facilities. Bedrooms had been furnished in line with National Minimum Standards and included a television. Bedrooms were available on the ground floor for people with limited mobility and these rooms also had wheelchair accessible showering facilities. All service users are given keys so they may lock their rooms.

The environment is used to celebrate service users' achievements and demonstrates a sense of personal value of service users. This is because we saw that art work completed by former service users decorated the walls of communal lounge areas and hallways. Staff were able to tell us about the service users who had completed the art work. The foyer to one of the buildings had a "Positive Comments" Tree, which had been built by service users and decorated with wooden ornaments holding encouraging words. These had been made by ex service users to encourage the people currently living at the home.

People are enabled to be as independent as possible as facilities are in place to meet their needs. In addition to the main kitchen, the premises had two smaller kitchens where service users could make snacks as and when they choose. There were also two laundry rooms which service users were encouraged to use on a regular basis. We observed that the kitchen was well stocked and in a hygienic condition. The kitchen had retained its five star rating from the Food Standards Agency which it has had for a number of years.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.

