



## Inspection Report on

**Brynawel House Alcohol and Drug Rehabilitation Centre Ltd**

**Brynawel  
Llanharry Road  
Pontyclun  
CF72 9RN**

**Date Inspection Completed**

**10 September 2021**

10/09/2021

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# About Brynawel House Alcohol and Drug Rehabilitation Centre Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Brynawel House Alcohol and Drug Rehabilitation Centre Ltd
Registered places	20
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

## Summary

Brynawel House is located in a semi-rural setting near Llanharry and can support up to 20 people. People at Brynawel House work towards their rehabilitation from alcohol or drug dependency, or alcohol related brain damage. They can stay up to 26 weeks, dependent on their programme.

Care focusses on the person and the service gives people as much control over their life as possible, within the constraints of a rehabilitation setting. The staff team provides perceptive support for people, which is consistent and knowledgeable. People are encouraged to participate in the planning and reviewing of their care and support and can re-build confidence and independence.

The environment is well set up and promotes the aims of the service.

We had positive feedback about the service from people and staff.

Since the last inspection, there were changes to leadership and governance. Stability and direction of care were assured because the service has well-defined objectives and a competent team.

The service has not met legal requirements in some areas, including infection control, fitness of staff, supervision, visits and reports of the Responsible Individual (RI), and aspects of quality assurance.

The new leadership is making improvements and work is ongoing to resolve issues.

## Well-being

People can feel at home at Brynawel for their stay and their well-being is supported. The service respects people's rights and involves them in the shaping of their care. Individuals plan their supports with staff who encourage them to have goals and outcomes meaningful to them. They exercise daily choice and self-determination and work towards improvement and independence. The service seeks feedback from people to inform improvements.

The care documentation is person focussed, reflective, and informs support well. Staff have detailed guidance on how to support people to achieve their goals, to encourage positive behaviour, and to promote their independence and social well-being. Risk assessments are in place to identify individual vulnerabilities and strategies for protecting people from harm.

People are encouraged and supported to participate in a variety of activities and meaningful tasks, in the home and in the community. The service also helps with health or medication management where appropriate, and encourages healthy eating and lifestyle habits.

Staff treat people with respect and promote their dignity. People told us they find staff and management approachable if they have any issues they want to discuss. They speak well of the staff, telling us "*I give them ten out of ten*", "*it's good for me to be here*" and "*they are really helping me here*". This shows people are happy with their support at Brynawel House.

The service has appropriate safeguarding measures in place to ensure peoples' well-being and safety, and liaises with relevant professionals. Staff have pertinent training to recognise signs of neglect, abuse and poor mental or physical health; they know their safeguarding responsibilities and can act appropriately. The service makes sure the home is as safe as possible. Access is only for those who are authorised so people can feel safe and at home.

At this stage, Brynawel House is not providing the 'Active Offer' of the Welsh language but documents can be translated into Welsh on request, and the service is planning to work towards providing the 'Active Offer' in the future. Currently no person in the service has requested this.

## Care and Support

Care and support is provided in line with the Statement of Purpose of the service. To ensure the service is suitable for them, people have an assessment before coming to Brynawel. Personal plans, risk assessments and support systems are then developed together with the person. Therapeutic interventions help people to manage complex behaviours and emotional issues. People's voices and participation form an important part of their support plan. The care plans describe the person well, and they are detailed, as well as reflective of individual needs. The documents also demonstrate well how people are involved in the planning and reviewing of their care. Individual risk assessments identify people's particular vulnerabilities, and strategies for protecting them. They are reviewed in line with the care plans and support positive risk management. Daily notes document the support provided and are informative and reflective, so staff get additional direction about how to support people.

The Brynawel team of accredited therapists and specially trained support workers are complemented by access to a psychologist and psychiatrist. All staff have training relevant to their roles, and have support to gain further qualifications. Staff are pro-active in minimising the risk of harm and abuse for people as much as possible. They understand their safeguarding responsibilities and are confident raising concerns with their manager.

The service recognises the importance of activities and exercise to promote mental and physical health. People are encouraged to be independent with daily tasks, such as washing and cleaning. Individuals have an activity planner, to structure their week, and to have events to look forward to. People engage in various therapeutic groups, individual sessions, mindfulness, yoga, arts and crafts, animal husbandry and more.

At the inspection, the service was found not to follow current infection control guidance relating to wearing of face coverings and regular staff testing for Covid-19. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Policies and staff training for medication management, and to support self-medication ensure good practice. Medication management and records are audited weekly to identify issues so the service can take appropriate action.

## Environment

The service is located at the edge of a lively village community with good public transport links, offering space and quiet whilst having easy access to facilities and amenities. Set in large grounds are a number of buildings for accommodation, communal rooms, activities, therapy and recreation, such as a pool room. Outside are garden areas, vegetable beds to grow produce for the kitchen, an outdoor gym, poultry enclosures, summerhouse and smoking shelter. A van is available to take people into the community. A technology suite and Wi-Fi is free for people to use. The premises are appropriate for their purpose and generally in a good state of cleanliness, maintenance and decoration. All bedrooms have en-suite bathrooms and are bright and comfortable. People are encouraged to bring personal items and furnishings for their stay to feel more comfortable. There are no shared rooms. People keep their own rooms clean and share tasks for the communal areas. If they wish, they can look after the gardens and poultry, which nurtures a sense of responsibility and communality.

People and staff told us they are happy with the quality, quantity and variety of the food. The chef knows about people's likes and dislikes and can cater for dietary and religious requirements if needed. The menus are varied and appealing to the age group. There is a focus on healthy eating, homemade food, and using fresh produce from their own gardens when available. The kitchen holds the highest (5) rating of the Food Standards Agency.

The maintenance files show that utilities, equipment and fire safety features have regular and up-to-date checks and servicing. The implementation of Legionella checks has been progressed. Confidential information, hazardous substances and medications are kept secure to ensure confidentiality and safety. As people do their own cleaning and washing, they have access to some substances classified as hazardous but the service has incorporated this into risk assessments. Fire drills are undertaken frequently and routinely, and they include individuals as well as staff. People get a detailed induction to the service on arrival including what to do in a fire or emergency.

## Leadership and Management

The service has a distinct vision and ethos. Its aims, values, and delivery of support are set out in the Statement of Purpose. A written guide is available for people in the service, containing practical information about the home, and the support provided. The service also offers opportunities for people to ask questions and give feedback.

Not all staff files have all the legally required information and some vetting records are out of date, so the service cannot always be sure staff are suitable, and fit to work with vulnerable people. This was already identified at the last inspection and is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

New staff undergo an induction programme and all staff have on-going mandatory and specialist training. The service is currently in the process of improving the training policy and matrix. Staff say their training is good and it helps them to be competent and comfortable in their roles. The service was unable to show that all staff receive regular supervision and appraisals to reflect on their performance, identify support they might need, and discuss issues. This was already identified at the last inspection and is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue. Staff told us they feel valued and supported, saying "*this is a great place to work*", and "*we are a great team*", but we also heard they found the changes in governance and management unsettling.

Regular internal audits oversee accuracy and completeness of records, medication administration, support people receive, and areas relating to health and safety. To ensure people are protected, management acts promptly and appropriately to incidents, accidents and complaints, but the processes in place to record and monitor them are not satisfactory and therefore does not help the service learn and improve. As this is an area for improvement, we expect the provider to take action.

The records of the required 3-monthly RI visits and Quality of Care Reviews from 2020 and early 2021 are not complete. As this is an area for improvement, we expect the provider to take action. Due to recent changes to governance and management, the service is currently identifying and implementing modifications to its structures, policies, auditing and quality assurance. These systems assist the service to self-evaluate, and to identify where improvements are required. The service sets high standards for itself and monitors the extent to which it is meeting these.



**Areas for improvement and action at, or since, the previous inspection. Achieved**

Service provider did not make sufficient arrangements for management, oversight, compliance with regulations and quality assurance	
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**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

Fitness of staff: the service provider employed persons before all required documents have been provided	
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staff supervision not at least every three months	
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Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

**Areas where priority action is required**

Regulation 35: (2) (d) and (6) Fitness of Staff	
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Regulation 36 (1) and (2) (c) Supporting and Developing Staff	
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Regulation 56 (2) Hygiene and Infection Control	
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We found poor outcomes for people, and / or risk to people's wellbeing. Therefore, we have issued a priority action notice and expect the provider to take immediate steps to address this and make improvements.

**Areas where improvement is required**

Regulation 73 (3) : RI visits at least every three months	
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Regulation 77: Duty to ensure there are systems in place to record incidents and complaints	
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Regulation 80 (1) and (2): Quality of Care Review	
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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