



Inspection Report on

Brynawel

**13 Cradoc Road
Brecon
LD3 9LH**

Date Inspection Completed

15/01/2024

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About Brynawel

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish Group Ltd
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection following registration
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Brynawel supports people to have control over their day-to-day lives and develop their independence. People are supported to be as healthy as they can by getting the right care at the right time. Measures are in place to protect people from abuse and neglect. People have detailed and robust care documentation to assist staff to support them to achieve their outcomes. The service offers people a balanced diet and varied menu. Infection control measures are in place to help reduce the risk of transmission of potential sources of infection. Systems are in place to support the safe management and storage of medication. The service is an extremely well-presented and pleasant house, providing a safe and suitable environment to help meet people's needs. People are supported by a team of well-trained care staff who are recruited safely. Care staff feel supported in their role and enjoy working at the service. The service has strong governance, auditing, and quality assurance arrangements in place to support its running. The service provides good information to the public.

Well-being

Brynawel supports people to have control over their day-to-day lives and develop their independence. Personal plans consider people's needs, interests, and preferences. Staff know people well and respect and promote choice. Detailed risk assessments are in place to promote positive risk taking. Care and support is person-centred, with people treated with dignity and respect. The service supports and encourages people to develop their independent living skills and maintain their home environment. Measures such as resident meetings take place to find out people's views. People are supported to access advocacy services if they need help to make sure their voice is heard.

People are supported to be as healthy as they can by getting the right care at the right time. The service works closely with external health and social care professionals to refer any concerns and follows appropriate guidance. Personal plans are detailed and reviewed regularly. Healthy and balanced meal options are encouraged. Appropriate infection control measures are in place. The management of medication is safe, in line with the medication policy, and people receive their prescribed medication as directed.

People live in an exceptionally well-presented environment that supports them to achieve their well-being. Brynawel is a converted three-story house that supports people who experience needs arising from their mental health. Bedrooms are comfortable and personalised. Communal areas are homely and welcoming. The service is close to local facilities and amenities, which people can access easily. We saw people are very relaxed and comfortable in their environment. People told us they like living there. The home is clean, well-presented, and well-maintained.

Measures are in place to protect people from abuse and neglect. Policies and procedures support good practice and can assist staff to report a safeguarding concern. Care staff feel confident if they raised an issue with the manager, it would be responded to appropriately. Care staff undertake safeguarding training and understand how to respond to potential safeguarding issues. Pre-recruitment checks are in place and regular training and supervision supports continued development. Ongoing specialist training ensures care staff are sufficiently skilled. Incidents and accidents are logged, with appropriate actions taken by the service in response. Ongoing quality assurance audits ensure systems remain effective and improvements are identified and addressed. The service is proactive in identifying potential risks to people or staff and how to manage these.

Care and Support

People receive very good care and support tailored to their needs. Interactions from care staff towards people are respectful, kind, and personable. People told us staff are “*friendly, kind and supportive*”, “*I feel safe*”, and “*I can do what I want*”. We saw people were able to do the activities they wanted throughout the day and were provided with support to go into the community when needed. People have activity plans and regularly go into the community, which is evidenced in daily recordings and people’s feedback to us.

People have detailed and robust care documentation to assist staff to support them to achieve their outcomes. Assessments are completed prior to people moving in. Personal plans are person-centred, detailed, and produced in partnership with people. Very detailed and robust risk assessments are in place covering areas specific to people’s needs. Daily recordings and supplementary monitoring charts are in place. These give important information about people’s progress and help identify changes in care needs. Plans are reviewed regularly with people and updated where necessary. We viewed evidence of appropriate and timely referrals to health professionals and ongoing partnership working by the service with their multi-disciplinary colleagues. The service works to make sure any legal care frameworks in place for people are adhered to.

People are offered a balanced diet and varied menu. We saw a variety of options on the menu for evening meals, which people were involved in putting together. Dietary preferences are understood and help inform the menu. While people can make their own decisions, healthy options are promoted and encouraged.

Infection control measures are in place to help reduce the risk of transmission of potential sources of infection. Staff have access to a supply of PPE and use this appropriately. An infection control policy is in place which staff are aware of and understand their responsibilities. Care staff use a cleaning rota to direct them to clean the home daily. The home appeared very clean and well kempt in the shared communal areas.

There are systems in place for the safe management and storage of medication. Medication is stored securely and can only be accessed by authorised care staff. Records show care staff administer medication in line with the prescriber’s directions, being free from gaps or errors. Care staff receive training in how to manage and administer medication. The service has an up-to-date medication policy in place. Medication is regularly audited.

Environment

Brynawel is an extremely well-presented and pleasant house, providing a safe and suitable environment to help meet people's needs. The service is a converted three-story house, located close to the centre of Brecon. The service is clean, tidy, and free from malodours. Visitors are required to sign before entry and upon leaving. Bedrooms are spacious, comfortable, and have ensuite facilities. Rooms are personalised to people's preferences, containing photos, keepsakes, and electrical devices, which promote a feeling of belonging. The service has a very homely lounge area, where people can spend their time. A kitchen / dining area is available where people can have meals and undertake activities. Communal areas are tidy, homely, and uncluttered. The décor and refurbishments that have been undertaken are exceptional and provide an outstanding environment in which to live. The kitchen facilities are appropriate for the home. A garden area to the front and side of the service is available for people to use. We were told of plans to upgrade and refurbish the kitchen, and to relay the patio in the garden. These improvements would further enhance the environment.

The environment is safe. Substances hazardous to health are locked in cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. Window restrictors are fitted in all bedrooms and bathrooms viewed. Fire exits are clear of clutter and obstructions, with no obvious trip hazards more generally. Daily cleaning duties are maintained, with the home appearing very clean. Arrangements are in place for maintenance works to be undertaken when needed. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Easily accessible personal emergency evacuation plans are in place to inform staff of the level of support people need in the event of an emergency.

Leadership and Management

People are supported by a team of well-trained care staff who are recruited safely. Staff files show the correct recruitment arrangements and contain all required information, such as up-to-date Disclosure and Barring Service checks and proof of identity. Care staff start work once pre-employment checks have been completed. New care staff complete an induction programme involving training and shadowing of more experienced care staff. Care staff are registered with the workforce regulator, Social Care Wales. Training records show care staff have up to date training in core areas of care. Additional training for specialist areas relevant to people who live at the service is also in place, such as how to support people with specific mental health needs. Care staff told us they feel well trained, could ask for additional training if they felt this was needed, and feel able to perform their duties safely and effectively.

Care staff feel supported in their role and enjoy working at the service. They told us it is “*really good*” working at the service, there is a “*good atmosphere*” and “*good staff team*”, and the manager is “*supportive*”. While the service and many of the staff are new, a very experienced manager is in place along with some care staff from elsewhere in the organisation. Care staff have regular supervision to consider their performance and professional development, identify support they might require, and discuss issues or concerns. The manager told us staffing levels are based on support hours agreed with local commissioning organisations. The rota showed target staffing levels are being met. The manager and care staff told us they feel there are enough staff working at the service. We saw the service is well-staffed.

The service has strong governance, auditing, and quality assurance arrangements in place to support its running. These help to self-evaluate and identify where improvements may be needed. The RI has good oversight of the service and works well with the manager. All legally required policies and procedures, such as for complaints, infection control, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm or needed to disclose an issue via the whistleblowing process.

The service provides good information to the public. The Statement of Purpose sets out the service’s aims, values, and how support is provided. A written guide contains practical information about the home, the care provided, and how to make a complaint or access advocacy services.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
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Date Published 12/02/2024