



Inspection Report on

Brynawel

Abergavenny

Date Inspection Completed

09/10/2024

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About Brynawel

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	PARKCARE HOMES (NO.2) LIMITED
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	16 August 2023
Does this service promote Welsh language and culture?	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

People who live at the service are happy and settled. They are encouraged to live independent lives by utilising the local facilities for shopping, leisure and healthcare services. The service is currently without a manager. A long standing deputy manager is looking after the day to day operations; they are supported by a stable, trained and developed staff team. There are effective systems in place to maintain people's health, safety and wellbeing. The responsible individual (RI) has good oversight of the service. Care Inspectorate Wales (CIW) was notified the deputy manager has been appointed to the managers role following our inspection,.

Well-being

People have control of their lives and make everyday decisions for themselves. People are treated with dignity and respect and encouraged to be as independent as possible. People have developed positive and trusting relationships with staff. During our visit, individuals attended to their daily routines including food shopping, visiting a local gym and going for a walk into town. People are regularly consulted about the service and support provided to them. People are involved in routine audits of the service. One person said, *“I like everything about the place its good, I have no complaints”*. Another told us, *“I’m really well. Staff are friendly and the house is nice”*.

People are supported with their health and wellbeing. Individuals are registered with a local GP; they access community healthcare services such as dentist and optician. People have regular mental health support from professionals linked with the organisation. Arrangements are in place to support individuals manage their own medication. Staff encourage health promotion initiatives to keep people healthy and active. People use the local community to access facilities and take part in leisure activities, meet family and friends. Individuals attend college courses and carry out voluntary jobs. They told us they enjoy going away with fellow residents and staff on holidays.

People are safe. Staff are trained to safeguard people from harm and abuse and are aware of their duty to report any concerns. Risk assessments support individuals with their daily lives and mitigate risks. The organisation recently carried out a safeguarding survey and asked for people’s opinions. Regular health and safety checks of the environment take place. People have regular access to an independent advocate.

The environment supports individuals to achieve their wellbeing. The service is a domestic property which has sufficient facilities for people to carry out their daily living skills. It provides enough space for people to spend time alone or with others. One person keeps pets which promotes ownership and reinforces the service as their home.

Care and Support

People's personal plans are person centred and set out how staff can support them to achieve their outcomes. An electronic care document system which is updated regularly and reflects the needs of individual's enables people to be supported according to their needs and preferences. We saw people are consulted about how they prefer to be supported which enables them to have a voice. We noted people's plans contain some very detailed information. We were assured the level of detail will be considered at people's monthly reviews.

Individuals are encouraged to achieve personal goals, develop skills and independence. Risk assessments support individuals with their health care needs and daily living skills. Staff receive training in the recovery star model to further support individuals achieve their personal outcomes. For one person, a shed has been set up to support them with their wood working projects and storage of equipment. We saw a coffee table that was created by the person in the lounge. Recently, an individual moved from the service to less supported accommodation and paid employment.

Staff have a good knowledge and understanding of people's needs. A keyworker system provides each person with a designated staff member, which supports consistency and familiarity. Close working relationships between people and care staff enables any change or deterioration in a person's health to be recognised. Care staff are available to provide emotional support to individuals whenever necessary. People are complimentary of the care staff who support them.

There are satisfactory medication arrangements in place. Staff are trained to administer medication to people as part of their regime. Some individuals manage their own medication. A recent external pharmacy audit recommended a number of actions. We were assured these are being addressed with a follow up visit planned by the pharmacy.

Environment

People live in an environment that is suitable for their needs. We found the accommodation to be warm, welcoming and homely. It is clean and safe. The furniture, layout and décor are suitable for the service's intended use. Individual bedrooms are decorated to personal taste and preference. People have access to a garden to sit out in warmer weather. Suitable arrangements are in place to ensure risks to people's health and safety are identified and managed. There are regular health and safety maintenance audits conducted on the property. Regular checks of the fire alarms take place and staff are trained in fire safety procedures. People have a personal emergency evacuation plan to guide staff how to support them to leave safely in the case of an emergency. The service has a food hygiene rating of 4 which denotes hygiene standards are good. Cleaning schedules are in place to ensure the property is clean. There is an on-going maintenance plan in place. There has been recent upgrades to the kitchen and replacement flooring on the first floor of the property.

Leadership and Management

There are effective systems in place to support the running of the service. The manager left the service in June 2024. The deputy manager has been running the service in an acting capacity for some time. This was to support the manager who had taken on additional responsibilities. The service benefits from good retention of staff which provides a stable staff team who are knowledgeable about the individuals they support. People living at the service told us they have positive relationships with staff. Following the inspection, the RI notified CIW the deputy manager has been appointed as the new manager.

There are suitable quality assurance arrangements in place for the effective oversight of the service. A number of audits are routinely completed which assess the quality of the service. This includes audits of the environment completed by people living and working at the service. Regular staff meetings take place to inform and update staff. The RI routinely visits the service to gain people's views and opinions. A six monthly quality of care review is undertaken. Any subsequent recommendations form part of an on-going action plan which drive forward improvements and are addressed in a timely manner.

Staff are trained and developed to perform their duties. Staff can access training to update their skills and knowledge. A copy of the staff training plan shows workers have completed core training. Staff reported training is relevant and specific to people they support. Arrangements are in place for staff to have regular supervisions with their line manager. This provides an opportunity to reflect on their practice and make sure their professional competence is maintained. The organisation monitors staff's suitability to work with vulnerable adults. For staff not on the DBS (Disclosure and Barring Service) update service checks are repeated on a three yearly basis. All staff are registered with Social Care Wales.

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.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
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