

# Inspection Report on

**Brain Injury Wales Limited** 

First Floor 14 Lias Road Porthcawl CF36 3AH

# **Date Inspection Completed**

08/08/2024



# **About Brain Injury Wales Limited**

Type of care provided	Domiciliary Support Service
Registered Provider	Brain Injury Wales Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	21 <sup>st</sup> February 2023
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**

Brain Injury Wales specialises in providing support to people who have suffered a brain injury. Currently, services are provided in the Cwm Taf and Gwent regions of Wales. This report covers both regions.

People receive a good standard of care and support coordinated by suitably qualified and experienced professionals. Personal plans are detailed, setting out people's care and support needs as well as considering risks to people's health and safety. They also detail information in relation to therapies people receive to support their health and well-being. The service works well with the multi-disciplinary team to ensure people receive the right care and support. People are supported to engage in activities of their choice and to access their local communities.

The Responsible Individual (RI) also manages the service and has clear oversight of service provision. They complete quality of care reviews to monitor the services strengths and to identify where improvements can be made. Staff are recruited in line with regulation and receive training specific to the needs of the people they support. Staff are happy working for the service and feel supported and valued.

#### Well-being

The service supports people to maintain their health and well-being. Staff closely monitor people's health and provide support with rehabilitation programmes. Specialist training is provided to staff to help them understand people's health needs. Support is available for people with medication needs should they require it, and people are encouraged to participate in activities which promote physical and mental well-being.

There are systems helping to safeguard people from harm and abuse. Staff receive safeguarding training and there is a safeguarding policy underpinning safe practice. staff we spoke to are aware of their safeguarding responsibilities and know the process for raising concerns. Staff are safely recruited and supported in their roles. People have care plans setting out their care and support needs and risk assessments detailing strategies to keep people safe.

People are treated with dignity and respect. We saw staff interacting well with people. It was clear staff have positive relationships with the people they support. The service encourages independence and supports people to do the things which are important to them. People are regularly consulted about the service they receive with their thoughts helping to inform improvements.

The service considers peoples individual circumstances. People are treated as individuals and have packages of care specifically designed to enhance their lives. They have access to specialist support from qualified practitioners who specialise in organising and coordinating an array of support and therapy services dependent on their needs.

### **Care and Support**

People receive good quality care and support delivered by a service offering bespoke packages of care. Prior to commencement of service, people receive a comprehensive clinical assessment to determine the level of care and support they require. Following this, detailed personal plans are produced in consultation with people, their representatives and other professionals. As well as detailing the day-to-day care and support people require, personal plans contain rehabilitation programmes highlighting support people receive from staff or qualified therapists to help them regain skills and functions they may have lost. Risks to people's health and safety are assessed and managed focusing on proactive measures to keep people safe. Personal plans are reviewed regularly to ensure they remain relevant, and people are receiving the required levels of care and support.

People and their representatives have good relationships with staff and the management. We were unable to obtain verbal feedback from people due to communication difficulties. However, we observed positive interactions between people and staff with people's body language indicating they enjoy the company of the staff who provide their care and support. We spoke to a number of people's representatives who commented positively about the service. One said, "The communication with the service is excellent and they provide very good continuity of care". A professional involved with a supported person told us, "The management are brilliant, any concerns are actioned promptly, they are very well organised".

People are supported to do the things they want to do. We saw staff support people to access activities they enjoy and to complete daily living tasks such as housework, shopping and meal preparation. People are encouraged to participate in community life and are supported to maintain relationships with family and friends.

People are supported to optimise their health. Staff have access to detailed information about people's health needs and receive specialist training. People have individualised therapeutic programmes devised by relevant professionals. These aim to promote people's recovery after acquiring a brain injury. There is little turnover of staff which means people receive good continuity of care. Staff know the people they support well and can recognise changes in presentation and report to the relevant professional for support or advice. We saw written evidence indicating people's overall health and well-being is closely monitored. At the time of our inspection, all people receiving a service took their medication independently. However, the service can provide support for people with medication needs when required. There is a medication policy aligned with best practice guidance and training is provided for staff.

#### **Leadership and Management**

People are supported by a provider who shows commitment to providing good quality care and support. The RI also manages the service, they have clear oversight of service delivery and are very much involved in the hands-on day to day care and support people receive. The RI is clinically trained in the field of neurological rehabilitation and provides specialist training to staff specifically tailored to the needs of supported people. The RI regularly meets with people and staff to gather their views on service provision to help inform improvements. Quality of care reviews are conducted so that the service can self-evaluate by identifying strengths and areas where improvements are needed.

Staff enjoy working for the service and feel supported by the management. Staff said they receive regular supervision sessions and an annual appraisal with the manager. We examined records relating to formal support which confirmed what staff told us. We also examined records relating to training and development and found staff receive a combination of core and specialist training and are encouraged to complete recognised qualifications in health and social care. Staff we spoke to provided positive feedback regarding the management of the service. One said, "The manager is always there if I need any extra support with anything, they are very easy going and supportive".

Staff are recruited in line with regulation to ensure they are suitable to work with vulnerable people. We saw the service completes all the required pre-employment checks prior to employing a new member of staff. These checks include obtaining references from previous employers, employment history checks and Disclosure and Barring Service (DBS) checks. Following this, new staff complete an induction where they get to meet the people they support and have the opportunity to shadow other members of the team. They work a probationary period where they are closely monitored by the manager to determine if they are suited to the role.

Safe practice is supported by the services policies and procedures. We viewed a cross section of the services policies and procedures and found on the whole, they are informative and aligned with current statutory and best practice guidance. We saw evidence these documents are kept under review and updated when necessary. The statement of purpose and service user guide provide information relating to service delivery. We looked at these documents and found they are reflective of the service provided.

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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