



Inspection Report on
Clarian Hope Bryncoch Residential Care
Neath

Date Inspection Completed

25/04/2023

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About Clarian Hope Bryncoch Residential Care

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Clarian Hope LTD
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	Click or tap here to enter text. 23 March 2022
Does this service provide the Welsh Language active offer?	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

Clarian Hope Care Home is situated in a detached house in a residential area north of Neath. People and their relatives are happy with the care and support provided at Clarian Hope Care Home. They live in a homely environment that is warm, clean and suitable to meet their needs. There is information available for staff to understand how to best meet people's care and support needs. People have detailed personal plans in place, and these are written with goals and timescales. There is a Responsible Individual (RI) in place and a manager registered with Social Care Wales.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people. Care workers receive appropriate training, support and staff supervision and appraisal meet regulatory requirements. Care workers are knowledgeable, respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. There are opportunities for people to take part in activities at home and in the community.

The service provider has developed systems to enable them to capture people's views and has systems to develop person centred information. The established management team have put checks and processes in place to keep service delivery under constant review.

Well-being

People and their relatives are happy with the care and support provided. There is good information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff and commented, *"I like the staff."* A relative commented *"I can't speak highly enough of the staff"* and *"I have never seen my daughter so happy."* Records show people are offered choices to make everyday decisions. The responsible individual (RI) told us they regularly speak with people who live at the home and their families about what is important and how to best support them.

People are protected from abuse and harm. Clarian Hope Care Home has a robust safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. The Service Manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

People get the right care and support. Records show referrals are made to a variety of healthcare professionals such as psychiatrists and physiotherapists. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at Clarian Hope Care Home.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. Throughout our visit we observed activities taking place facilitated by care workers and people attended external activities independently. People told us they enjoy taking part in a variety of activities such as Pamper Night, arts and crafts, *'Ponty Friends'* and community activities such as attending clubs. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people's records.

People live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time. The building is well-maintained and safety checks are completed when required. The environment is clutter free and hazards are reduced as far as practically possible.

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

Care and Support

Policy, procedure and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The home is very clean and tidy. Staff maintain appropriate standards of hygiene. Oversight and auditing of infection control measures are in place. The home has sufficient stocks of PPE.

People are provided with the care and support they need. We examined a sample of care files, which contained initial assessments and personal plans which are regularly reviewed. However, we discussed with the manager that these reviews were carried out monthly and were known as Key Worker reviews with the requirement for reviews of personal plans being three monthly. The manager agreed to review this. There is a care planning system in place providing personal plans for all aspects of the individuals' physical, mental, and emotional wellbeing. Person centred information such as One Page Profiles is in place and referrals for advice and professional help regarding health services are sought as needed. Monitoring of care activities is in place with information available to staff.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. There was photographic evidence and written documentation as well as observations of people undertaking activities that matter to them. Activities include going to day centre, Park walks and drama group. People told us they enjoy taking part in a variety of activities. Records show people have access to local community facilities and clubs. A relative commented, *"Staff try very hard to keep her occupied"* and another commented *"My daughter has an activity chart which lists all the things she does daily"*.

The service has safe systems in place for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records (MAR) are accurate. We discussed with the manager the oversight of medication administration in place and that this would benefit from the medication audits being more robust, which he agreed to review. We saw medication was kept in a secure locked cabinet in a cupboard. A record is kept of the temperature and is monitored to ensure safe storage of medication. Records of appointments with medical professionals were seen in hard copies in care files.

Environment

The accommodation is homely, comfortable and benefits from sufficient quality decor and furnishings. We observed the environment to be free of clutter throughout the home. We saw people sitting in the lounge on the ground floor and sitting in the comfort of their bedrooms which were personalised to their tastes.

There is a system of monitoring and auditing, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises, which is managed by the staff at the home under the guidance of the RI. The sample of two bedrooms viewed both had facilities and equipment that is suitable for the individual. Staff ensure that individuals are treated with respect and sensitivity.

Measures are in place to ensure risks to people's health and safety are identified and dealt with. The oversight of health and safety is in place with regular audits of the environment taking place. Maintenance records show equipment is regularly serviced to make sure people remain safe. People's personal records are held securely and access to the home is monitored by staff to help keep people as safe as possible. We discussed with the manager the need to ensure that fire safety training for staff is kept up to date.

Laundry is managed as for a person living independently and is well organised. Appropriate systems are in place and all laundry equipment is in working order. There is an area with shelving for linen storage and ironing facilities. There is an organised storage area for household waste and clinical waste bins. The storage of substances which have the potential to cause harm was sufficient because we found that materials used for cleaning were stored in an appropriate locked cupboard.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning, monitoring, and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed. We saw policies and procedures are in place and updated but most need date of development and review of the document added which was discussed with the manager.

People can be assured that the service provider and the management team at the home monitor the quality of the service they receive. The RI visits the home regularly and meets with people and staff. We viewed the latest quality monitoring report, which would be strengthened if it showed people's feedback from consultation. Recommendations for improvements were included and implemented. We saw evidence the RI has oversight of the service and the service manager conducts a quality assurance system to ensure quality care is delivered. We looked at documentation that confirmed the RI conducts quarterly visits to the home for quality assurance monitoring but these reports would benefit from being more robust.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of investment such as *"community activities, yearly holidays both local and abroad and we also have plans in the near future to invest in a sensory room"*.

There are enough staff on duty to safely support and care for people. Records show there is a stable and consistent team in place with a mixture of experienced and new staff available, and this was seen during our inspection. People living at the home told us *"I get help when I need it"* and a relative commented *"there are more than enough staff on duty."* Staff recruitment pre-employment checks are completed prior to employment commencing. Supporting and developing staff with supervision, appraisal and training is sufficient and has improved. The manager informed us that training is being updated to ensure all staff have completed the appropriate training required and that the training matrix had been redeveloped.

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
36	Supervision and Appraisal was not completed at the required frequency and amount in the sample of 2 staff files viewed.	Achieved

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