



Inspection Report on

Clarian Hope LTD Port Talbot Residential Care

Port Talbot

Date Inspection Completed

22/01/2024

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About Clarian Hope LTD Port Talbot Residential Care

| | |
|---|---|
| Type of care provided | Care Service Service Adults Without Nursing |
| Registered Provider | Clarian Hope LTD |
| Registered places | 3 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 24 March 2022 |
| 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

People and their relatives are happy with the care and support provided at Clarian Hope Port Talbot. They live in a comfortable homely environment that is clean and suitable to meet their needs. People living in the service are treated with dignity and respect by a dedicated care team who know them very well. There is information available for staff to understand how to best meet people's care and support needs. People have personal plans in place which are reviewed regularly. There is a Responsible Individual (RI) in place and a manager registered with Social Care Wales.

Staff are available in sufficient numbers and have a mix of skills to adequately provide support to people. Care workers are 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 both at the service and in the local community.

Well-being

People are listened to and are encouraged to communicate their needs. Care staff know the people they support very well and enable them to make choices in most aspects of their daily lives. Care workers complete documentation to inform the monthly reviews and where possible these are carried out with the individual.

People's physical, mental health and emotional wellbeing is promoted. There are good systems in place to manage medication in the service. People are supported by care workers who know them well and who recognise any signs of deteriorating health. Records show this is then acted upon accordingly. People are supported to participate in a variety of activities and access the community on a daily basis.

People live in a service that is comfortable. People appear settled and content at Clarian Hope Port Talbot. There is a calm and warm atmosphere in the service. The environment is clean and clear of clutter, bedrooms are personalised and reflect people's personalities and preferences, whilst maintaining personal safety. The service is well maintained with maintenance completed as needed.

People are protected from harm and neglect. Care staff are aware of the procedures to follow if they have concerns about people they support and have also completed safeguarding training. Personal plans and risk assessments are in place and reviewed regularly. There are policies and procedures in place for the service to run smoothly and effectively. Care workers are recruited safely and there are good systems in place to ensure the premises are secure to keep people safe.

There is good oversight of the service. The management team and care team, work hard to do their best for people and monitoring is carried out regularly. The RI visits the service regularly to maintain consistent oversight of the service.

Care and Support

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 is in place and referrals for advice and professional help regarding health services are sought as needed. Monitoring of care such as weight and health 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. People told us they enjoy taking part in a variety of activities. There was photographic evidence and written documentation as well as observations of people undertaking activities that matter to them. Activities include various community participation, attending day centre, coffee/lunch out and personal shopping. Records show people have access to local community facilities. A relative told us *"He has a routine, he goes to a different place each day and is kept as busy as he wants to be"* and another commented *"he's kept active, he goes swimming and walking regularly."*

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 saw medication was kept in a secure locked cabinet in the office. 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.

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 service is clean and tidy. Staff maintain appropriate standards of hygiene. Oversight and auditing of infection control measures are in place. The service has sufficient stocks of PPE.

Environment

The accommodation is comfortable and benefits from recently updated decor and furnishings. We observed the environment to be free of clutter throughout. We saw people sitting in the dining room and lounge of the house and 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. This is managed by the manager at the service under the guidance of the RI. The sample of three bedrooms viewed had facilities and equipment that is suitable for the individuals. Staff ensure that individuals are treated with respect and sensitivity.

Entry to the service is safe and documents are stored securely. Visiting professionals are requested to sign into a visitors' book on arrival, ensuring people's safety is maintained. Information is stored securely in locked cupboards and care documentation is treated sensitively ensuring people's privacy is upheld.

The laundry room is contained in an outside wooden hut and laundry systems are based on a supported living model of care. Supported living is a service designed to help people with a wide range of support needs retain their independence by being supported in their own home. Appropriate systems are in place and all laundry equipment is in working order. There is an organised storage area for household waste and clinical waste bins. Storage of substances which have the potential to cause harm is sufficient because we found materials used for cleaning are 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 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 but would benefit from reviewing to include the dates of development of the document along with the next review date. We saw policies and procedures are in place and reviewed regularly but also require the above dates to be included.

People can be assured the service provider and the management team monitor the quality of the service they provide. The RI visits the service regularly and meets with people and staff. We viewed the latest quality monitoring report, which showed people's feedback. Recommendations for improvements were included and implemented. We saw evidence the RI has oversight of the service, and the manager conducts quality assurance system monitoring to ensure quality care is delivered.

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 updating the environment and service equipment. The service will also be investing in staff training and development days.

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 service told us "*I like it here; the staff help me.*" and a relative commented "*there are always enough staff around.*" The service provider has selection and vetting systems for staff recruitment and pre-employment checks are completed prior to employment commencing. Supporting and developing staff with supervision and appraisal is sufficient. The manager informed us that training has been updated to ensure all staff have completed the appropriate training required and this was seen in records 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. 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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|-----|--|-----|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
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