



Inspection Report on

Clarian Hope LTD Port Talbot Residential Care

**78 Penllyn
Cwmavon
Port Talbot
SA12 9NN**

Date Inspection Completed

24/03/2022

24 March 2022

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About Clarian Hope LTD Port Talbot 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	07 February 2020
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

People and their relatives are satisfied with the care and support they receive. There is information available for staff to understand how to best meet people's care and support needs.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people. Care staff are knowledgeable, respectful and caring. Safety equipment is in place and health referrals are made in order to promote peoples' health and well-being. Opportunities for people to take part in activities are available both in the community and at the service.

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

Well-being

People have control over day-to-day life. People told us they get on well with staff and commented, *“I am supported well by staff who know me”* and *“they are all a great bunch”*. 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 to them and how to best support them. Staff told us they feel well supported by the management team and commented, *“We have a fantastic support team”* and *“we have a good staff team with a good work ethic and caring environment”*.

People get the right care and support. Records reflect referrals are made to a variety of healthcare professionals such as psychiatry, dietician and physiotherapy. This is also confirmed by comments from visiting healthcare professional who told us they are satisfied with the care at Clarian Hope Port Talbot Residential Care. People are happy and receive support from professional staff who know them well.

People are safe and protected from abuse and neglect. The service provider has safeguarding policies and procedures, which are mostly aligned to current legislation and national guidance. Staff demonstrate a sufficient understanding of their role and responsibilities. People living at the home tell us they feel safe and secure. However, the Safeguarding policy should be reviewed to ensure it is aligned with Welsh legislation.

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 enables them to have private time. Clarian Hope Port Talbot Residential Care is a well-maintained welcoming environment where people feel part of the local community. People enjoy the company of each other and are well respected by staff.

Care and Support

Policy, procedure and application of hygienic practices and risk of infection are in place. Staff demonstrated an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The home is clean and tidy. Staff maintain appropriate standards of hygiene and cleaning schedules are in place with oversight from the manager. Oversight and auditing of infection control measures are in place. The home has sufficient stock of PPE and there is a PPE station in the home.

People are provided with the care and support they need, but this could be improved further by ensuring risk assessments regularly reviewed. The sample of documentation seen by us were not consistently reviewed as required. However, many of the risk assessments were reviewed as required. We discussed this with the manager who agreed to address this as a matter of priority.

People can do the things that matter to them when they want to do them. We saw there are ranges of activities available, which are meaningful to the residents. Throughout our visit, we observed a number of organised activities taking place facilitated by staff or with residents attending outside activities. People told us they enjoy taking part in a variety of activities such as arts and crafts, social clubs and attending local pubs. 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.

The service has safe systems for medicines management. There is an appropriate medication policy and procedure in place with improvement in regular audits completed by senior staff. Medication administration records are accurate and the audit process identifies mistakes with appropriate action taken. However, a list of signatures is needed at the front of the Medication Administration Record (MAR) charts folder to clearly identify who has administered medication. The medication cabinet is secured in a locked cupboard. As and when required medication (PRN) was appropriately administered in line with instructions.

Environment

The service provider ensures the environment supports people to achieve their personal outcomes. The home is comfortable, homely, and based on a supported living model approach to care and support. We saw people sitting in the lounge area on the ground floor or relaxing in the comfort of their bedrooms. The accommodation is clean and comfortable and benefits from good quality decor and furnishings. There is garden to the rear side of the property. The bathroom and other communal areas are clean and free from excessive clutter.

The home is safe and secure. Visiting professionals are requested to undertake a lateral flow test and sign into a visitors' book on arrival, ensuring peoples' safety is maintained. Visitors are required follow the home's infection control procedures in relation to COVID-19. Information is stored securely and is kept in a locked office. Care documentation is treated sensitively ensuring people's privacy is upheld.

The system of monitoring and auditing which was in place to support a planned maintenance schedule and renewal programme for the fabric and decoration of the premises was sufficient. The manager told us of plans for investment at the home such as further development and said, *"Over the next two years we plan on focusing our efforts on refurbishment and improvement within the homes."*

The service provider ensures measures are in place to manage risks to people's health and safety. Safety records show that checks are carried out to identify and address any problems. Fire safety checks are carried out regularly. Window restrictors are in place in the areas seen by us. Materials that have the potential to cause harm are stored securely inside the premises.

The service is a supported living environment with domestic arrangements in place for laundry. Appropriate systems are in place to avoid cross contamination and all laundry equipment is in working order. There is an appropriate storage area for household waste which were well organised.

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 and care planning. The service is provided in line with the objectives of the Statement of Purpose' which is regularly reviewed. People and families gave us positive feedback about the care provided. Policies and procedures are in place and mostly updated. However, we discussed with the RI the need for the Safeguarding Policy to be aligned with the Wales Safeguarding Procedures with an emphasis in aspects such as co- production, person centred care and advocacy. The present policy is aligned to the English Care Quality Commission (CQC).

People can be assured that the service provider and management of the home monitor the quality of the service they receive. The Responsible Individual visits the home regularly and meets with residents and staff. We viewed the latest quality monitoring report, which evidenced people's feedback and recommendations for improvements in the home, which were completed. We saw evidence that the RI has good oversight of the service. We looked at documentation that confirmed the RI conducts quarterly visits to the home for quality assurance monitoring.

The service provider has oversight of the financial arrangements and investment in the service. The manager assured us the service is financially sustainable in order to support people to be safe and achieve their personal outcomes. The RI stated this would be achieved *"by maintaining a strong emergency fund that would allow us to maintain our operations for an extended period even through financial volatility in the market or other outside factors."*

We were shown a training matrix, which includes mandatory courses as well as other relevant courses. This needs to be reviewed to evidence that staff have completed the required training to meet the needs of the people they support. We discussed this with the manager, we expect the service provider to take action to address this and we will follow this up at the next inspection.

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
58	Medication audits - the system of auditing for	Achieved

	medication was insufficient.	
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