



Inspection Report on

Clydach Court

**Brithweunydd Road
Tonypandy
CF40 2UD**

Date Inspection Completed

27/04/2023

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About Clydach Court

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Rhondda Cynon Taff County Borough Council Adults and Children's Services
Registered places	35
Language of the service	English
Previous Care Inspectorate Wales inspection	22 October 2021
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People receive good care and support at Clydach Court. People told us they are happy living there, we saw people mostly settled and at ease in their environment, and relatives told us they are very happy with the support people receive. Care staff are compassionate and respectful. The service has systems to ensure care and support is of a good standard. People benefit from individualised and current personal plans which are reviewed regularly. Plans do not always contain personal outcomes. Reviews of personal plans do not always show how people are involved in their reviews, nor how far their outcomes have been achieved. The service gets the right support for people at the right time. Management is well-regarded and visible in the running of the service. Policies and procedures are in place to help protect people from harm or abuse. The service has auditing systems and meets the legal requirements in relation to Responsible Individual (RI) visits and quality of care reviews. The environment is clean and homely. Improvements are required to make sure the environment is safe. Infection control measures are of a good standard. Care staff are recruited following robust recruitment checks, receive regular supervision, and feel supported in their work. Improvements are needed around staff training.

Well-being

People are treated with dignity and respect at Clydach Court. We saw people were generally well-settled in their environment, receiving warm and caring support, with their wishes and views respected. People's relatives praised the quality of care and support at the service. People can raise issues or make requests, and these are generally responded to. The home has very good relationships and lines of communication with relatives, who told us staff keep them informed and updated. Friends and relatives can visit when they wish.

People are supported to be as healthy as they can by getting the right care at the right time. The home liaises with external health professionals to refer any concerns and follows appropriate guidance. We saw an abundance of evidence of communication with professionals around people whose needs had increased significantly, with information provided to other agencies being extremely detailed and descriptive. Personal plans are sufficiently detailed and reviewed regularly. Meals look appetising and portions are appropriate. The home has a sufficient supply of personal protective equipment (PPE) and we saw this being used appropriately. We saw the management of medication is safe.

People live in an environment that supports them to meet their needs. Clydach Court is a purpose-built home for older people who experience dementia, with an additional area used to support adults who have a learning disability. Bedrooms are comfortable and personalised, and communal areas are spacious. Suitable mobility aids are in place to help people where needed. The home is clean, well-maintained, and well-situated to the local community. Several improvements are needed to ensure the environment is as safe as it can be for people.

There are systems in place to help protect people from abuse and harm. Ongoing training ensures care staff are sufficiently skilled. Policies and procedures support good practice and can assist staff to report a safeguarding concern or 'whistle blow', should this be needed. Care staff report they feel confident if they raised an issue with the manager, it would be responded to. Pre-recruitment checks are robust and regular supervision supports continued development. Incidents and accidents are logged, and appropriate actions taken by the service. The service meets the legal requirements about submitting notifications to Care Inspectorate Wales (CIW).

We were told the home could not provide a service to people in Welsh at the time of the inspection and would need to make efforts to facilitate support in Welsh if needed.

Care and Support

We saw warm and positive care and interactions between care staff and people. People appear well cared for and appropriately dressed. We spoke to people who told us it was “*brilliant here*” and “*the staff are lovely*”. People’s families told us the service is “*fantastic*”, “*first class*”, and staff “*go above and beyond*”.

Care staff have up-to-date knowledge of people’s needs. Personal plans are individualised and detailed. Plans do not always contain personal outcomes for people, nor are people or their representatives always involved in completing plans. We advised this is an area for improvement, and we expect the service to take timely action to address this. Daily recordings and supplementary monitoring charts are in place, giving important information about people’s progress and identifying changes in care needs. We saw plans are reviewed regularly. We did not see evidence reviews are undertaken with people or their representatives, nor people’s outcomes are always reviewed, nor plans are always updated following a review. We advised this is an area for improvement, and we expect the service to take timely action to address this. We viewed evidence of appropriate and timely referrals to health professionals and partner agencies, with recommendations and direction acted upon by the service. Deprivation of Liberty Safeguard (DoLS) applications have been made where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe.

People benefit from a balanced diet and varied menu. On the day of inspection, we viewed a variety of options on the menu, with people offered alternatives if needed. We saw evidence of people having drinks to help keep them hydrated and observed them being supported at mealtimes. Dietary preferences are understood and available to kitchen staff.

There are infection control measures in place to help reduce the risk of transmission of COVID-19 and other potential sources of infection. Staff have access to a supply of appropriate PPE. There is an infection control policy in place which staff are aware of and understand their responsibilities around this. Domestic staff have daily cleaning schedules, which we observed during the inspection.

There are systems in place for the management of medication. Medication is stored securely and can only be accessed by authorised care staff. Records show staff administer medication in line with the prescriber’s directions and were free from gaps or errors. The home has an up-to-date medication policy in place. Medication is audited regularly.

Environment

The service provides an environment that is clean, free from malodours, comfortable, and suitable for people's needs. Clydach Court is a purpose-built home spread over two floors, supporting older adults who experience dementia on the upper floor, and adults who have a learning disability on the lower floor. The home is in the Trealaw area of the Rhondda. The home is secure from unauthorised visitors, with visitors required to sign on entry. Rooms are a good size and comfortable. Rooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. There are sufficient toilet and bathing facilities available. The service has lounge areas, where people can choose to spend their time and undertake activities. A dining area is located next to the kitchen, where people can have meals. Communal areas are generally tidy and uncluttered. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 3, which means "*generally satisfactory*". A garden area is available which people can make use of.

Substances hazardous to health are stored in cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. There are fitted window restrictors in all bedrooms and bathrooms viewed. There are no obvious trip hazards. Daily cleaning and laundry duties are being maintained. There is a maintenance person in place. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date. Several improvements are needed to ensure the service is safe. Several fire doors were propped open. The sluice room door was not adequately secure. Several disrepair issues with flooring and tiles in a bathroom may pose an infection risk. A medication fridge and personal information were not appropriately secure in a staff office. Personal emergency evacuation plans are not easily accessible in the event of an emergency. We advised this is an area for improvement, and we expect the service to take timely action to address this.

Leadership and Management

People are supported by a team of care staff who are recruited safely. Staff files show appropriate recruitment arrangements and contain all legally required information. Care staff start work once pre-employment checks are completed. New care staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales. Training records show not all care staff have up to date refresher training in core areas of care. We advised this is an area for improvement, and we expect the service to take timely action to address this.

An experienced staff team is in place. Turnover of care workers is low, with some having worked for the service for many years, helping facilitate continuity of care. Care staff expressed concerns regarding the high level of complex needs some people have developed, which is impacting on morale. The manager told us this accounts for current staff sickness levels being higher than usual. However, staff told us they felt the managers were doing everything possible to resolve this situation in seeking the support of other agencies, with the managers being *“approachable”*, *“will listen to your concerns and do what they can”* and were *“absolutely brilliant”*. Care staff have regular supervision and yearly appraisals to reflect on their performance, identify support they might require, and discuss any issues. The manager told us staffing levels are worked out based on people’s level of need and are higher than usual currently to support the increased needs of some people. Staffing levels on the day of inspection reflected the rota.

Governance, auditing and quality assurance arrangements are in place to support the running of the service. These systems help the service to self-evaluate and identify where improvements are required. The RI has good oversight of the service. We saw evidence of the RI undertaking the legally required three-monthly service visits and six-monthly quality of care reviews. Policies and procedures, such as for complaints, infection control, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. We saw the service has procedures to deal with complaints and address them.

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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15	Not all personal plans detail personal outcomes. Not all personal plans evidence how people or their representatives are involved in preparing the plans.	New
16	Reviews of personal plans do not include a review of the extent to which the individual has been able to achieve their personal outcomes. People or their representatives have not been involved in reviews of their personal plans. Personal plans are not always updated following a review.	New
36	Core training has not been provided to all staff.	New
57	The service has not ensured that risks to the health and safety of individuals are identified and reduced so far as is reasonably practicable.	New
35	Staff personnel records were unavailable at the service for inspection. We were unable to determine individual staff fitness.	Achieved
7	SOP was outdated and not reflective of current provision and staff.	Achieved
35	Staff personnel information was unavailable for inspection at the service.	Achieved
73	There was no evidence provided at inspection to demonstrate the RI had completed three monthly visits	Achieved
80	The RI had not complete quality of care and support reports as per regulations.	Achieved

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