



Inspection Report on

Rhyd Hir

Neath

Date Inspection Completed

11/01/2024

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About Rhyd Hir

| | |
|---|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | National Autistic Society |
| Registered places | 3 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 18.10.22 |
| Does this service promote Welsh language and culture? | 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

Rhyd Hir is a good welcoming service supporting people, some with autistic spectrum disorder. People are at the centre of the service and direct what they want to do. We saw people happy, engaged in daily living activities and warm respectful conversation with staff. People are safe and staff understand their responsibilities in safeguarding people. Visiting professionals are complimentary of the standard of care and felt staff are very aware of each individual's personality traits, routines and their responsibilities. Staff feel valued and supported by the management team through formal and informal discussion. However, shortages of staff, the wider challenges in staff recruitment and regular use of internal bank staff are proving to be a challenge and affecting the wellbeing of people.

The home is clean if a little tired, at present there is no program of refurbishment in place. The main garden is small but suits the needs of people. Bedrooms are personalised with items of importance to people.

There is good governance by the Responsible Individual (RI) ensuring a good quality service that respects the wishes and aspirations of people they support. There are good systems in place to oversee the quality of the service. We saw robust procedures in place for the safe recruitment of staff, and staff development within their role.

Well-being

People have a voice which is heard and listened to. Relatives told us; *"I think it's a wonderful service". And "Staff communicate well"*. We saw people happy and openly discussing the day's events, and actively engaged in daily living skills. These were reflected in their personal plans and risk assessments.

Overall people are supported by knowledgeable and competent staff who have the appropriate knowledge to provide the levels of care and support required. Staff told us they are well supported through supervisions, appraisals and what's app group. Moral is low with regards staffing levels, poor recruitment and the regular use of internal bank staff. This was supported by staff spoken with and the documents seen. We saw a training plan which showed staff have the relevant training to support people to achieve their outcomes and what matters to them. All staff have received specialist autism training sourced by the provider.

People feel safe, secure, and protected from abuse and neglect. The provider has systems and processes in place to safeguard people. Staff told us; *"Safeguarding is making sure that people are safe, that they can do what they like."* Staff have access to a comprehensive safeguarding policy which is updated periodically, along with safeguarding training, however, refresher training is inconsistent.

People's physical and emotional well-being is supported well. We saw good written support plans and risk assessments, supporting people to be as independent as possible in their lives and in the local community. People told us they like living in the service. We saw different activities are planned by people with support of staff. Documents and daily recordings support this. Records also show people are being supported to access healthcare professionals. Documents are updated and reviewed where necessary.

There are good governance and quality monitoring arrangements in place. The Statement of Purpose (SoP) does not wholly reflect the service and needs reviewing. There are local policies and procedures in place to keep people and staff safe. Personal plans are reviewed monthly with involvement from the person or their family wherever possible. Review documentation reflect the involvement of people. The RI as part of the quality-of-care review completes regular audits to review progress and inform the development of the service. These audits include staffing levels and the environment. The RI collects feedback from people, staff and relatives, through conversation and questionnaires.

Care and Support

The service provider has personal plans in place reflecting the support needs of people which are reviewed regularly. Staff and relatives told us people are involved in the review process. This was captured in the documentation seen. We looked at people's files, files were organised and easy to navigate. Photographs are used to evidence people achieving their personal outcomes.

The standard of care and support is good and is reflected in the responses from relatives and external bodies. Relatives told us, *"I think it's a wonderful service for them"*. And *"They are very welcoming; we have meetings to talk about all the activities they do now, future plans around learning life skills, and activities they want to achieve"*. We saw one staff contributing to the well-being of people through sensitive and warm interactions, using British Sign Language (BSL). Staff are person centred in the way they support people to meet their aspirations. Supporting people to shop independently, go to the bank with minimal support and travel to relatives several times a year. Staff and relatives spoken with, and the documentation seen confirms this. On occasion people need to negotiate when they can do activities due to the limited number of core staff. Internal bank staff are used to support people to meet their needs. This can cause anxiety as people are unsure who is working or if they can drive. Some staff can use BSL, bank staff are given an app to support those people who use BSL. Staff told us, *"Staff shortages are affecting people, there unsettled and anxious because they don't know which staff are coming in, when we are covering short notice"*. This was supported by our observations. The inconsistency of care and support is affecting the wellbeing of people. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The provider has mechanisms in place to safeguard people they support. We saw policies and procedures in place. We spoke with staff who confirmed they are aware of the safeguarding and reporting process. The training planner shows staff receive safeguarding training, but refresher training is inconsistent. This was discussed with the RI and manager and will be addressed.

The health and well-being of people is supported. Documentation seen and speaking with staff, show staff can recognise any deterioration in people's health and seek medical attention when needed. We saw core staff are familiar with the likes and dislikes of the people they support. Staff, use this information to better support people and encourage engagement in activities. People are supported to maintain relationships with relatives. We were told by relative's, staff support people to travel to see them, which is appreciated.

Environment

The property meets the needs of people. It is a small property well situated within the local community. People are able to walk to the local pub and access public transport. The property needs some refurbishment as some areas look tired, specifically the bathroom, toilet, bedroom doors and hallway. Staff have made every effort to make the environment homely, warm, and friendly. Staff have decorated the lounge themselves, with contribution from the people living there. The manager informed us the RI is aware and there is to be a refurbishment plan. This was confirmed in the RI quality of care report.

We saw people comfortable and engaged with their surroundings. We saw people using cleaning products and vacuuming without the need for prompting. Supported by good personal plans and risk assessments. We observed people naturally making drinks, washing up and making their own breakfast without the need for intervention of staff. This created a homely environment supporting the independence of people. We saw one person confident in making choices about their day-to-day life.

The property is sufficient to give people choice either to socialise or spend time alone. People appear happy in the communal areas. Bedrooms are personalised and reflect the tastes and choices of people. Some do need refurbishment, but the staff spoken with did not feel this impacted on people's wellbeing. Staff told us, the environment does need some redecoration and refurbishment and guttering needs to be cleared.

The provider has systems in place to identify and mitigate risk to the health and safety of people. All safety checks are carried out. We saw servicing records for fire safety equipment and the fire system. We looked at personal emergency evacuation procedures (PEEP's) for people. Evacuation procedures are specific to the individual. The service is secure and on entry we were asked to sign the visitors book in line with fire regulations.

Leadership and Management

Since the last inspection there has been a change to the management structure of the service. The manager is now overseeing three homes, one on a temporary basis. The manager told us, this change and the recruitment difficulties is placing a strain on the service. This structure is adequate at present given the low numbers of people being supported. The RI will monitor this management structure during their quality monitoring processes to ensure adequate management support to people and staff. The RI and regional manager are aware of the staffing and recruitment difficulties and have assured us that recruitment is a priority and there are systems in place to support the staff team.

The service has a clear vision of person-centred support to be provided to people. The manager when spoken with has a very good understanding of the service, the people and staff. There are arrangements in place for the adequate oversight of the service through ongoing quality assurance. As part of ongoing quality assurance providers are required to produce bi-annual quality of care reports and quarterly visits to the service. Quality monitoring reports seen are comprehensive and capture the information and analysis required to drive improvement.

Overall, people are supported by knowledgeable staff who have been recruited safely and are supported in their roles. Staff told us; *"I like working here, I like the people and I like what we do"*. *"We do have some staffing issues and service users like to know who's on rota, who's working, this can cause anxiety, I reassure them"*. Staff files seen show good recruitment processes. Disclosure Barring Service (DBS) checks are undertaken in line with regulations. Most staff are registered with or working towards registration with Social Care Wales, the workforce regulator.

The provider considers a wide range of views and information to confirm their ability to meet the needs of the people they support. A summary of the "preadmissions assessment" is included in the SoP. The SoP is to be reviewed by the manager and RI as there are some inconsistencies within the document. The guide to services gives people the information they need to make a complaint, fees and terms and conditions, to support their choice in accepting the service. Each guide is personal to the individual and is reviewed regularly, using picture symbols and photos to support peoples understanding.

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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|----|---|----------|
| 22 | Staff shortages affecting, communication, community access and wellbeing of people. | New |
| 12 | Not all policies and procedures had been recently reviewed. Ensure all policies and procedures are reviewed at appropriate timescales to ensure they reflect current service provision and good practice. | Achieved |

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