



Inspection Report on
Clarian Hope Bryncoch Residential Care
Neath

Date Inspection Completed

01/08/2024

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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	25 April 2023
Does this service promote Welsh language and culture?	This service is not making a significant effort to promote the use of Welsh language and culture.'

Summary

People and their relatives are happy with the care and support provided at Clarian Hope Bryncoch and speak highly of the staff who provide this support. They live in a comfortable, welcoming and homely environment which is warm, clean and suitable to meet their needs. There is good 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 post and a manager registered with Social Care Wales.

Staff are available in sufficient numbers and have a mix of skills to adequately provide care and support to people. Care workers are knowledgeable, respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote people's health and well-being. There are opportunities for people to take part in activities at home and in the local community.

The service provider has developed systems to enable them to capture people's views and put checks and processes in place to keep service delivery under constant review. This feedback from people is then used for improvements in the service. Maintenance and Fire safety system processes and records need strengthening.

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 indicated to us they get on well with staff. A relative commented "*The staff are amazing; they keep me updated*" and "*Management are excellent.*" Records show people are offered choices to make everyday decisions. The RI regularly speaks with people who live at the service and their families about what is important and how to best support them and this was supported by documentation. Care documentation outlines people's needs and guides staff on how these should be met. Documents are reviewed to ensure they are accurate and referrals are made to professionals when required.

People are protected from abuse and harm. The service has an appropriate safeguarding policy in place and staff receive training in the safeguarding of adults. The Service Manager has a good understanding of the safeguarding requirements and understands when a safeguarding referral needs to be made to the Local Authority. Clarian Hope Bryncoch is a welcoming service and there are checks in place to ensure it remains safe, clean and homely.

People get the right care and support. Records show that timely provider assessments are completed and 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 the service. They commented, "*The service appears to safeguard the individual whilst at home and when accessing the community, the service appears to be meeting the individual's daily needs.*"

People can do the things that matter to them when they want to do them. There are a range of activities available which are meaningful to people. Throughout our visit we observed some activities taking place facilitated by care workers. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. A visiting professional went on to say "*The service appears to accommodate the individuals likes/hobbies and ensured that these activities are included in weekly activities.*"

People live in suitable accommodation, which supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage independence. The property requires some updating of décor and external repairs and maintenance. Safety checks are mostly completed but require enhancing.

Care and Support

People are supported with personal plans and risk assessments that reflect their needs. A sample of personal plans viewed contain detailed information regarding personal interests, likes and dislikes. We saw personal plans are developed following discussions with people and their family. Personal plans and risk assessments are regularly reviewed in consultation with people wherever possible.

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. People indicated to us they enjoy taking part in a variety of activities. Records show people regularly access local community facilities and staff explained that this was in the process of being further developed.

People are supported to maintain a healthy diet and fluid intake. Records showed that people's diet and fluid intake was regularly monitored and met the appropriate recommended levels. Menus seen by us were varied and healthy choices are clearly offered. People told us they enjoyed food.

People are protected from abuse and neglect. Policies and procedures have been reviewed to make sure they are relevant and up to date. Care workers are aware these are in place to guide them and are supported by management. Staff have completed safeguarding training relevant to their role.

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 cabinet in a locked room.

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 when needed. The home is clean and uncluttered. Staff maintain appropriate standards of hygiene and cleaning schedules are in place with supervision from the manager. Oversight and auditing of infection control measures are in place. The home has sufficient stocks of PPE.

Environment

The accommodation is welcoming and homely and benefits from good quality furnishings. There is a communal lounge/dining room area on the ground floor and bedrooms and bathroom on first floor. We saw people spending time in the dining room and lounge on the ground floor and first-floor and sitting in the comfort of their bedrooms. We saw bedrooms are homely and mostly personalised with relevant adaptations and equipment where necessary to meet people's needs. At the time of our inspection, we observed outside areas that need updating such as the perimeter fencing to the front of the property, uneven areas on the front driveway and the trampoline either needed repair or removal. The manager agreed to address this immediately. Relatives, visiting professionals and staff all commented that the internal environment would benefit from updating the décor of the property and this was seen by us during our visit.

The planned maintenance schedule and renewal programme for the fabric and decoration of the premises was not available during our visit. The system of monitoring and auditing, which supports this, was not sufficiently robust to ensure timely responses to any works identified as part of this process. We discussed this with the manager who agreed to address this as a matter of importance.

The sample of bedrooms we viewed have facilities and equipment which are suitable for the individual and were personalised. 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.

The service provider has procedures in place to identify and mitigate risks to health and safety. The oversight of health and safety is in place with regular audits of the environment but this needs strengthening. The maintenance person and other staff conduct regular checks within the service to maintain the safety of people. Fire safety records in place are not sufficiently robust and need to be developed. We discussed with the manager that fire drills should be completed at least one per year (annually) or as determined by the service's fire risk assessment for each staff member. If for example you have a high turnover of staff, you may need to carry out more often.

People are supported with laundry as for an independent living setting and is appropriate and well organised. All laundry equipment is in working order. There is an organised storage area for household waste. The storage of substances which have the potential to cause harm was safe 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. Measures for the oversight of the service are in place, such as systems for care planning, monitoring, and reviewing 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 reviewed regularly.

People can be assured the service provider and the management team monitor the quality of the service they provide to a high standard. The RI visits the home regularly and meets with people and staff. The latest quality monitoring report showed people's feedback. Recommendations for improvements are included and implemented effectively. The RI has good oversight of the service and the manager conducts quality assurance monitoring to ensure a high standard of quality care is delivered. However, we discussed with the manager the need to ensure the quality assurance policy is reviewed to include more explicit detail regarding quality audits of the service such as care and staff supervision.

The service provider has extensive 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 *"We promote well-being of our residents through providing various activities and excursions that ensure our residents can achieve any wellbeing outcome they may have."*

There are enough staff on duty to safely support and care for people as determined by the Statement of Purpose. Records show there has been some turnover in staffing recently and the service is recruiting staff currently. There is a core staff group in place which is stable with a mixture of experienced and new staff available, and this was seen during our inspection. People living at the service told us *"Staff are nice, they're good to us"* and a relative commented *"On the whole, the staff are very good, they are very caring."*

Supporting and developing staff with supervision, appraisal and training is sufficient. However, we discussed with the manager the need to ensure that the training matrix is updated to contain accurate and up to date performance information and that there is a process for oversight of staff supervision.

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.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
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Date Published 27/08/2024

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