



Inspection Report on

Clydach Court

**Brithweunydd Road
Tonypandy
CF40 2UD**

Date Inspection Completed

25/04/2024

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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	27 April 2023
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

While people are treated with dignity and respect at Clydach Court, care and support is not always safe, impacting on people's well-being and putting them at potential risk of harm. Personal plans are not always followed correctly. Interactions between care staff and people are pleasant and respectful, with care and support appearing relaxed and unhurried more generally. Care documentation shows care staff how to meet people's needs. The service takes measures to support people to stay healthy. Measures are taken to help protect people from abuse and neglect. Systems are in place to support the management and storage of medication. The environment is clean and comfortable but is not as safe as it can be. Care staff generally feel positive about working at the service. People cannot be assured the service appropriately supports care staff to undertake their roles, with shortfalls in training and supervision. The service has governance, auditing, and quality assurance arrangements in place. The service provides sufficient information to the public.

Well-being

People praise the conduct and approach of staff. Care staff know the people they support well, telling us information which corresponds with their care files. The service has good relationships with relatives, who keep them informed, updated, and involved in their relatives' care. Friends and relatives can visit when they wish. Personal plans are detailed and consider people's needs, preferences, and how best to support them. Improvements are needed around including outcomes in plans and involving people and/or their representatives in creating plans. While people are treated with dignity and respect, care and support is not always safe, impacting on people's well-being. Care and support is not always delivered in accordance with people's plans, nor are the correct risk assessments always in place.

The service takes measures to support people to stay healthy. Where issues are identified, they are reported and referred to the relevant health and social care professionals. Meal options are balanced, and dietary needs are understood. People receive their prescribed medication as directed.

People cannot be assured the environment always supports their well-being. 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.

The service takes measure to help protect people from abuse and neglect. Policies and procedures help support care staff to know their roles. Care staff understand their safeguarding responsibilities and how they should respond to potential issues. They feel confident if they raised an issue with the manager, it would be responded to appropriately. Recruitment is effective. Improvements are needed around staff supervision and training. Incidents and accidents are logged, with actions taken by the service in response. Ongoing quality assurance audits support the service to identify where improvements are needed. Access to the service is restricted to authorised individuals.

Care and Support

There are significant shortfalls in the care and support provided, putting people at risk. The service does not always provide care and support in accordance with people's personal plans, which has contributed to negative health outcomes. Risk assessments are not always in place where a significant risk has been identified in a personal plan. This means care and support does not always protect, promote, and maintain the safety and well-being of people. We advised the Responsible Individual (RI) we have issued a priority action notice and expect immediate action to address this.

Care documentation is in place to support care staff to meet people's needs. The service assesses needs before people move in to ensure they can provide the right care and support. Personal plans have very good detail about the type of care and support people need and how best to deliver this, being person-centred. 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. Plans are reviewed regularly, with a new review format being used. This is an improvement acted upon since the last inspection. Daily recordings and supplementary monitoring charts are in place, giving important information about people's progress and identifying changes in care needs. Appropriate referrals to external health professionals are made, with the service incorporating recommendations and direction into personal plans. Deprivation of Liberty Safeguard (DoLS) applications are made where people lack mental capacity to make decisions about their care and accommodation.

Interactions between care staff and people are pleasant and respectful, with care and support appearing relaxed and unhurried. People appear generally settled in their environments. People told us "*the staff are brilliant*", "*they always ask what you want*" and "*I feel safe*". Visiting professionals told us they felt the service is "*good on the whole*".

Systems are in place to support the management and storage of medication. Records show staff administer medication in line with the prescriber's directions, being free from gaps or errors. Staff receive training in how to manage and administer medication. The service has an up-to-date medication policy. Medication is regularly audited.

Environment

The environment is clean and comfortable. 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 service is secure from unauthorised visitors, with visitors required to sign on entry and upon leaving. Bedrooms are a suitable size. They are made comfortable and individualised to people's tastes, containing photos, decorations, and keepsakes. There are sufficient toilet and bathing facilities throughout. 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. Some areas of the service have been refurbished, such as the dining room and visitor room. These have been completed to a very good standard and enhance the environment. We discussed with the RI several areas of the service would benefit from refurbishment and redecoration. 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 in the warmer weather.

People cannot be assured the service is as safe as it can be. Several areas require improvement to reduce the risk to people's health and safety. The sluice room door was not adequately secure. Several disrepair issues with tiles in a bathroom may pose an infection risk. The medication room was not appropriately secure. People's toiletries are not always kept separate. Significant numbers of bins in toilets did not have lids. Outdoor waste storage was significantly overflowing. Evidence was not provided of fire drills taking place since the last inspection. We advised this is an area for improvement, and we expect the service to take timely action to address this.

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, such as water facilities and electrical appliances. The auditing and servicing of equipment is up to date.

Leadership and Management

People cannot be assured the service appropriately supports care staff to undertake their roles. Training records show not all care staff have up to date refresher training in core areas of care. Supervision records show staff do not always receive supervision as often as required. We advised these are areas for improvement, and we expect the service to take timely action to address this. Staff files show the correct recruitment arrangements are used and contain all legally required information, such as up-to-date Disclosure and Barring Service checks and evidence of proof of identity. 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.

The service has governance, auditing, and quality assurance arrangements in place. These help with the running of the service and to identify where improvements are needed. The Responsible Individual (RI) undertakes their regulatory-required oversight role, completing three-monthly service visits to meet with people and staff, and six-monthly quality of care review reports. A new manager has very recently been appointed. They appear enthusiastic and passionate about the role and feedback from care staff about them is positive. The service is open and transparent, generally making the legally required notifications to Care Inspectorate Wales (CIW) regarding occurrences at the service. Policies and procedures are in place, such as for complaints, medication, whistleblowing, and safeguarding. The service gathers the views of people, relatives, and care staff. Procedures are in place to deal with complaints.

Care staff generally feel positive about working at the service. They told us “*I love working here*”. Many staff have worked for the service for several years, helping facilitate continuity of care. Where agency staff are used, the service aims to use the same staff as far as is possible. Care staff understand their roles and duties in relation to key areas of care, such as safeguarding and infection control. Staffing levels are worked out based on people’s needs. The rota showed target staffing levels are being met and was reflective of staffing on the day.

The service provides sufficient information to the public. The Statement of Purpose sets out the service’s aims, values, and support provided. A written guide contains practical information about the home, the care provided, and how to make a complaint.

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
21	The service does not always ensure care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.	New

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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N/A	No non-compliance of this type was identified at this inspection	N/A
15	Not all personal plans detail personal outcomes. Not all personal plans evidence how people or their representatives are involved in preparing the plans.	Not Achieved
36	Core training has not been provided to all staff. Staff do not always receive appropriate supervision.	Not Achieved
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.	Not Achieved
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.	Achieved

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