Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Clarian Hope Bryncoch Residential Care

Neath

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The inspection visit took place on 21/05/2026

Service Information:

Operated by:	Clarian Hope LTD
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for learning disability
Registered places:	3
Main language(s):	English
Promotion of Welsh language and culture:	The provider is not promoting the Welsh language and culture needs of people, and this requires improvement.

Ratings:

Well-being	Requires Significant Improvement
Care & Support	Requires Significant Improvement
Environment	Requires Significant Improvement
Leadership & Management	Requires Significant Improvement

Summary:

Care and support are not consistently person-centred. People experience restricted choice, limited access to meaningful activities and reduced opportunities for community engagement. Safeguarding systems are weak, and gaps in staff training reduce assurance that care is delivered safely. These shortcomings negatively impact people's wellbeing, independence and overall quality of life. Some care needs are met, and individuals receive day-to-day support from staff.

Leadership and Management require priority action with systems for oversight, monitoring and improvement not being robust, resulting in repeated and significant regulatory breaches. Records are incomplete and unreliable, and safeguarding arrangements lack effective scrutiny and learning. While management structures and systems (e.g. training matrix) exist, they are not sufficiently embedded to provide assurance or drive improvement.

The environment requires priority action with the premises not being consistently safe, well maintained or effectively managed. Priority action is also required with health and safety oversight, and environmental assurance to ensure confidence the premises are suitable and safe. Although basic checks are undertaken and processes exist, these are not consistently applied to ensure people's safety and comfort. Significant and systemic weaknesses across all areas result in

inconsistent and, at times, poor outcomes for people. While some basic care and systems are in place, urgent and sustained improvements are required to ensure safe, high-quality, and person-centred care.

Findings:

Well-being

Requires Significant Improvement

Overall, the service does not consistently promote or support individuals' wellbeing. While some care is delivered, weaknesses in person-centred practice, safeguarding and resource allocation limit positive outcomes for people. Individuals are not consistently supported to exercise choice, independence and control in their daily lives. Opportunities for meaningful activity and community engagement are restricted and not equitably applied. Decisions relating to activities are influenced by resource limitations rather than individuals' assessed needs, preferences and outcomes. This results in reduced autonomy and limits individuals' ability to achieve personal goals. However, some individuals continue to participate in activities, although access is inconsistent and day-to-day care supports individuals to maintain basic routines.

The service does not consistently ensure individuals' health, safety and emotional wellbeing are maintained and upheld. Shortfalls in staff training, particularly in safeguarding and medication, reduce assurance that care is delivered safely. Safeguarding systems are not sufficiently robust, with limited oversight or learning, increasing the risk that concerns are not identified or managed effectively. Resource constraints, including food and activity budgets, further impact on overall wellbeing and quality of life.

Opportunities for social interaction and community engagement are limited. Restrictions on activities and external access reduce individuals' ability to maintain relationships and participate in meaningful social experiences. This impacts on individuals' sense of inclusion and overall wellbeing. Staff told us that people experience inconsistency in opportunities for activities and engagement and access to meaningful choice and participation is variable across the service. The service does not consistently uphold individuals' rights to receive person-centred care that respects their preferences and promotes dignity. Limitations in care planning, record-keeping and oversight mean staff may not always have access to accurate information to support individuals appropriately.

Wellbeing outcomes for individuals are not consistently achieved. Weaknesses in leadership, safeguarding, staff competence and resource allocation have a direct and negative impact on people's experiences. While some basic care and support are in place, these are not sufficiently effective or consistently delivered to ensure individuals experience positive, safe and person-centred outcomes.

Care & Support

Requires Significant Improvement

Overall, care and support arrangements are not consistently person-centred or effective in meeting individuals' needs. While some care is delivered on a day-to-day basis, there are significant shortfalls impacting people's outcomes, choice and wellbeing.

Care is not consistently planned or delivered in line with individuals' needs, preferences and outcomes. Opportunities for meaningful activity and community engagement are limited and applied inequitably, with decisions influenced by resource constraints rather than assessed need. This restricts individuals' choice, independence and control. While basic day-to-day care is provided, overall quality remains inconsistent. Reduced access to meaningful occupation and social inclusion, alongside gaps in care records, means staff may lack accurate or up-to-date information, impacting continuity and care quality.

There are weaknesses in ensuring individuals' health, safety and wellbeing needs are met. Gaps in staff training, including medication competence, raise concerns about the safe delivery of care. In addition, ineffective safeguarding systems mean risks may not be identified or responded to in a timely manner. Limitations in resources, including food and activity budgets, further impact on people's overall wellbeing and quality of life.

People experience poor outcomes or are placed at risk because infection prevention and control arrangements are not consistently robust to ensure people are protected from avoidable risks. While processes such as cleanliness checks and Control of Substances Harmful to Health (COSHH) controls are referenced, these are not sufficiently embedded within routine oversight to provide assurance of consistent practice. Gaps in staff training, including infection control, further limit confidence that safe procedures are always followed. This increases the risk of poor hygiene practices impacting people's health and wellbeing. Some basic measures are in place and staff undertake day-to-day cleaning tasks; however, improvements are required to ensure effective, consistent infection control and a safe environment for people. Therefore, we have issued a priority action notice. The provider must take immediate action to address this issue.

People have experienced poor outcomes or are placed at risk because medicines management is not consistently safe or effectively overseen. Gaps in staff training and medication competency mean the provider cannot demonstrate staff are suitably skilled. Record-keeping and assurance systems are not robust, reducing confidence that medicines are managed safely. While medicines are administered as part of routine care and systems are in place, these are not sufficiently effective or consistently applied to minimise risk and ensure safe practice. Therefore, we have issued a priority action notice. The provider must take immediate action to address this issue.

Safeguarding arrangements are not robust. There is no structured system to record, monitor or review safeguarding concerns, and limited evidence of management oversight or learning. This

results in a reactive approach to safeguarding, increasing the risk that concerns are not identified or addressed effectively or routinely.

Environment

Requires Significant Improvement

Overall, the environment is not consistently well maintained or managed to ensure people's safety, comfort and wellbeing. While routine checks are referenced, oversight and assurance arrangements are not sufficiently robust. The service has some processes in place to monitor the environment, including health and safety checks; however, these are not consistently effective. Inspection activity highlights concerns relating to maintenance oversight, fire safety assurance and general environmental management. The requirement to verify fire safety records and checks indicates gaps in routine assurance. In addition, wider regulatory findings indicate that premises and safety arrangements are not maintained to an acceptable standard. This creates potential risks to people's safety and does not provide assurance the environment is consistently suitable for people's needs.

People have experienced poor outcomes or are placed at risk because health and safety arrangements need to ensure these are sufficiently robust to ensure the safety of individuals. Inspection findings indicate weaknesses in oversight, monitoring and maintenance systems, with limited evidence of effective management assurance. Checks and processes are in place; however, these are not consistently applied or used to identify and mitigate risks. This reduces confidence the environment is safe and hazards are proactively managed. While some routine checks are undertaken, improvements are required to ensure a systematic approach to health and safety and to provide effective oversight that safeguards people. Therefore, we have issued a priority action notice. The provider must take immediate action to address this issue.

People have experienced poor outcomes or are at risk because the provider has not ensured the premises are suitable, safe or maintained to an appropriate standard. Inspection findings, including associated health and safety concerns, indicate weaknesses in maintenance arrangements and environmental oversight. Systems to monitor and assess the quality of the premises are not sufficiently robust or consistently applied, reducing assurance that risks are identified and addressed promptly. This impacts on the safety, comfort and wellbeing of individuals. While some routine checks and processes are in place, these are not effectively embedded to ensure the premises are consistently well maintained and fit for purpose. Therefore, we have issued a priority action notice. The provider must take immediate action to address this issue.

Leadership & Management

Requires Significant Improvement

Overall, leadership and management arrangements are not sufficiently robust to ensure the service is effectively governed or to provide assurance of safe, high-quality care. While systems are established, they are not consistently implemented or embedded in practice.

People have experienced poor outcomes or are placed at risk because leaders have not demonstrated effective oversight or sustained direction. The presence of multiple and repeated regulatory breaches indicates a failure to appropriately identify, manage and resolve known risks. Decisions relating to resource allocation, including limitations on activities, have adversely impacted individuals' opportunities to exercise choice and achieve positive outcomes. Although management structures are in place, these do not operate effectively to ensure consistent delivery of person-centred care. Therefore, we have issued a priority action notice. The provider must take immediate action to address this issue.

People have experienced poor outcomes or are placed at risk because governance arrangements are inadequate and do not provide reliable assurance of service quality or safety. Monitoring and audit systems are ineffective, with risks not consistently identified or mitigated. Records are incomplete, inconsistent and do not provide a clear or reliable audit trail. Safeguarding systems lack structure, with no evidence of effective oversight, trend analysis or organisational learning. Concerns regarding the accuracy and integrity of records further undermine confidence in the provider's transparency and accountability. Therefore, we have issued a priority action notice. The provider must take immediate action to address this issue.

Staff are not consistently supported through effective training, supervision and competency assessment. Significant gaps in mandatory training, including safeguarding, medication and fire safety, mean the provider cannot demonstrate staff possess the necessary skills and knowledge to deliver safe care. Although staff continue to provide day-to-day support, the absence of robust oversight and structured development limits their ability to do so consistently and safely.

The service does not demonstrate a sufficiently embedded culture of continuous improvement. There is limited evidence of learning from safeguarding concerns or previous non-compliance. Identified shortfalls have not been addressed in a timely or effective manner, resulting in repeated regulatory breaches. While systems such as the training matrix identify areas requiring improvement, these are not used effectively to drive sustained change.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

CIW has no areas for improvement identified following this inspection.

Summary of areas for Priority Action	Date identified
The impact on people is assessed as major and likely because of multiple non-compliance concerns.	21/05/26
Outcomes for people require improvement because the service provider has not ensured the premises are free from hazards, properly maintained and kept clean to an appropriate standard.	18/06/25
Outcomes for people require improvement because the service provider has not sufficiently monitored progress against planned maintenance schedule and renewal programme with a robust system of monitoring and auditing.	18/06/25
Outcomes for people require improvement because the service provider has not sufficiently ensured standards of hygiene in the delivery of the service are maintained and systems to monitor levels of cleanliness and to take action were insufficient.	18/06/25
Outcomes for people require improvement because the service provider has not sufficiently monitored progress against plans to improve the quality of the service and we expect the provider to make improvements.	18/06/25
Outcomes for people require improvement because the service provider's medication policy and audit in place did not sufficiently include as required (PRN) medication. Staff medication competency training needs to be completed and recorded.	18/06/25