Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Clarian Hope LTD Port Talbot Residential Care

Port Talbot

01639687540

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 makes an effort to promote the use of the Welsh language and culture or is working towards a bilingual service.

Ratings:

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

Summary:

People's well-being is good because people live with appropriate choice and control and feel respected and comfortable in their home. They are supported by staff who know them well and who support them to lead meaningful lives and achieve outcomes that are important to them.

Care and support requires improvement. While new person-centred documentation demonstrates staff understand people well, inconsistent implementation and gaps in planning, risk management, and recording reduce confidence that care is safely delivered and effectively monitored to meet people's needs.

Environment requires significant improvement. While the home is clean, comfortable and recently upgraded, weaknesses in health and safety oversight mean risks are not consistently identified, managed or reviewed. Failings in fire safety and hazardous substance storage place people at potential risk, reducing assurance that the environment is safe and fit for purpose.

Leadership and management requires significant improvement. There is a committed and experienced staff team in place who take pride in their work. However; governance and oversight arrangements are not effectively embedded, with inconsistencies between the Statement of Purpose and practice reducing confidence the service is well-led and improving.

Findings:

Well-being — Good

People live healthy and safe lives and have a suitable level of choice and control over their day-to-day routines. People are treated with dignity and respect, and feedback was positive, with individuals describing themselves as "*quite happy,"* and one person stating, "*it's superb… we go out everywhere."* When asked about their experience, one person told us, *"Yeah, I enjoy it. I'm busy*, *I go shopping. I'm going out to the pub tonight*," and confirmed there was "*nothing*" they would change as *"it's great."* This demonstrates people feel comfortable, valued and actively engaged in their lives. People choose how to spend their time and benefit from regular community access, including walks, swimming, café and pub visits, train trips to Bridgend and Porthcawl, and outings to McArthur Glen. We saw one person being supported to attend a weekly volunteering role, promoting their sense of purpose. Current activities reflect individual preferences and are planned in a person-centred way, supported by individualised pictorial schedules and a 'resident voice' section in personal plans, which helps people identify goals such as "this month I want to work on…."

People told us they feel safe, with one person stating they feel "*safe – absolutely*," and confirming staff support them in the way they want, saying "*yes, absolutely*." Staff know people well and have developed trusting relationships, enabling them to identify changes, respond appropriately and support safe, positive outcomes. Appropriate procedures are in place, including safeguarding, complaints and whistleblowing policies, which are aligned with current legislation and provide clear guidance for staff to raise concerns.

People are supported to cultivate safe and healthy relationships. We observed warm, respectful interactions and effective communication throughout the inspection. Staff demonstrated a good understanding of individuals' preferences, which supported a person-centred approach. People appeared relaxed and comfortable and were supported to spend time together and access the community. Staff supported shared activities and everyday experiences, including outings and meal preparation such as baking and making pizza. The atmosphere was friendly and inclusive, and one person told us their favourite aspect of living at the home was "*friends*," highlighting the importance of relationships to their well-being.

People live in accommodation that supports their well-being outcomes. The environment promotes independence and people are encouraged to take part in everyday tasks, such as meal preparation and making choices about their routines, which supports confidence and independence. Photographs and a digital frame reflect shared experiences, including holidays, supporting people's sense of belonging.

Care & Support — Requires Improvement

Recently introduced personal plan documentation has been implemented at the service and reflects a strengths-based and outcome-focused approach. The revised care plans demonstrate a person-centred way of working and, where completed, provide a good overview of people's needs and preferences. Documentation viewed showed use of first-person language and strength-based practise, including 'about me' profiles with headings such as 'what people admire about me', and 'my capabilities'. The detail showed staff have a strong understanding of people, their preferences, and what matters to them. We found the 'daily routine' sections of personal plans remained incomplete and none of the files viewed had copies of the initial assessment documentation. This reduces confidence that care is consistently planned and delivered in a fully person-centred way.

Risk management arrangements are in place and provide guidance for staff, including the use of proactive behavioural support strategies and de-escalation approaches. However, improvements are needed to ensure safeguarding arrangements are consistently effective. A specific risk plan was not in place for one person despite NHS instruction, which presents a potential risk to safety. Concerns were identified regarding the reliability of safeguarding training records, which impacts confidence in staff knowledge and competency. While relevant procedures are in place, stronger oversight is required to ensure staff are appropriately trained and that concerns are consistently recorded, monitored and escalated in line with procedures to protect people from harm.

Medication systems observed were organised, with secure storage, appropriate recording and daily stock checks completed by staff on site. Records indicate people receive their medication as prescribed. However, the oversight of medication practices requires improvement. Records relating to staff competency checks and management audits were not consistently reliable, which limits assurance that medication systems are effectively monitored. Robust and consistent auditing processes are needed to ensure safe practice is maintained and staff competency is clearly evidenced.

People's health needs are monitored, with evidence of healthcare appointments, weight monitoring and dietary oversight. New daily recording documentation reflects outcomes, activities, health and well-being, food and fluid intake. However, improvements are required to ensure consistency and accuracy of health-related recording. We found documentation relating to skin integrity and marks was not always recorded in daily records and did not correlate to body maps. Records were not sufficiently detailed and did not clearly demonstrate follow-up actions or escalation, reducing assurance that risks are recognised and responded to promptly. Outcomes for people require improvement because of gaps in recording and escalation around skin integrity, lack of initial assessments in files, insufficient risk plans and personal plans not being fully completed. We expect the provider to make improvements.

Environment

Requires Significant Improvement

People live in an environment which does not consistently support their well-being outcomes and requires significant improvement. While some areas of the service provide a comfortable and homely environment, weaknesses in health and safety oversight reduce assurance that people are consistently supported to live safely. The service demonstrates some positive features, including a locked front door, secure rear garden and use of a signing-in book, which helps promote safety. We observed the service to be clean and well maintained, with staff on duty actively engaged in cleaning tasks and appropriate cleaning schedules in place. We observed sufficient supplies of personal protective equipment (PPE). We also saw that kitchen areas were suitably stocked with a range of food items, and relevant temperature checks are being completed, supporting safe food storage and hygiene practices. Bedrooms are personalised and reflected individual preferences and needs, helping people maintain a sense of identity and ownership. The layout of the home allows for both social interaction and private time, with communal areas encouraging engagement and quiet space available for relaxation and personalised activities.

We saw evidence of recent investment in the property, including a modernised kitchen and bathrooms, improvements to the garden area with a new resin patio, seating and a barbecue, and the addition of a small quiet room and staff space. A maintenance log evidenced ongoing works and improvements, which enhance aspects of people's comfort and quality of life.

However, we identified significant shortfalls in environmental oversight and safety systems. While personal emergency evacuation plans are in place, fire safety arrangements require immediate strengthening. We did not see evidence of regular fire drills or consistent fire alarm or detector testing, which poses a potential risk to people's safety in the event of an emergency. In addition, arrangements for the safe storage of hazardous substances are not robust. Although a secure Control of Substances Harmful to Health (COSHH) cupboard is in place inside the property, items were observed in an external shed which was not locked at the time of inspection, presenting a risk of access to hazardous materials.

Further improvements are required to ensure compliance with environmental health requirements. The provider must liaise with the environmental health department to ensure the service is appropriately registered and the kitchen environment is formally assessed where required. Internal decoration works, particularly within the kitchen area, remain incomplete and impact the overall suitability of parts of the environment. These issues, combined with weaknesses in oversight of health and safety arrangements, mean the provider must take prompt action to ensure the environment consistently supports people's safety and well-being. Outcomes for people requires significant improvement because of the weaknesses identified in health and safety monitoring arrangements and we have therefore issued a priority action notice. The provider must take immediate action to address the issues.

Leadership & Management

Requires Significant Improvement

Leadership and management arrangements do not consistently ensure effective oversight. We found evidence of a committed and experienced staff team who take pride in their work, describing it as *"a privilege to benefit others"* and highlighting a "*very well-established team."* However, governance and oversight arrangements are weak and not effectively embedded. Although the Statement of Purpose outlines clear expectations for management oversight, safeguarding leadership and quality assurance, inspection findings demonstrate significant inconsistencies between these arrangements and actual practice. While the Statement of Purpose identifies the registered manager as responsible for operational management, we found management presence at the service, until recently, has been very limited. Some oversight systems have been introduced, including monthly monitoring tools but these are not yet fully embedded. Required governance processes are not being completed in line with regulations. Quality of Care Reviews have not been undertaken six-monthly and those viewed lacked detail, critical evaluation and measurable actions. Responsible Individual (RI) reports are also limited and do not demonstrate engagement with people or their families. In addition, no team meeting minutes were available, and staff told us, "*None have been held"* and "*we have asked, we get told yes, but nothing ever comes of it*." These failings demonstrate ineffective governance and limited management oversight, which does not provide assurance the service is well-led or improving.

Although we saw staff are recruited safely, with appropriate DBS checks and registration with Social Care Wales in place, significant concerns were identified in relation to staff support and training. No appraisals were completed for 2025–2026 and supervision records are inconsistent. The quality of supervision was also questionable, with staff describing it as *"a tick box exercise*" and "*really sub-par*." Staff reported a lack of development opportunities, including no training when undertaking senior roles. Although the Statement of Purpose states staff are trained and competency-assessed, records reviewed did not provide confidence in this. We identified gaps in key training areas, including medication, infection control, fire safety and first aid, alongside contradictory safeguarding training records. These concerns undermine confidence in the provider's transparency and accountability. Staff reported training as poor quality, largely online and not tailored to their needs, with limited time to complete it during shifts. These findings raise serious concerns and demonstrate that staff are not fully supported to carry out their roles safely, reducing confidence that people consistently receive safe, effective care and placing them at risk of unmet needs or harm. Outcomes for people require significant improvement because of the lack of effective oversight from management, lack of appropriate support for staff and unreliable training records and we have therefore issued a priority action notice. The provider must take immediate action to address the issues.

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.

Summary of Areas for Improvement	Date identified
We have used the CIW matrix tool to analyse the risk in this service and currently the risk is deemed to be unlikely and moderate. People may not achieve outcomes that are important to them due to insufficient recording and escalation of concerns around skin care. People may not receive support appropriate to them due to missing initial assessments. Risks may not be managed effectively and people may not be safe due to missing risk documentation.	21/05/26

Summary of areas for Priority Action	Date identified
We have used the CIW matrix tool to analyse the risk in this service and currently the risk is deemed to be likely, and major. People may not achieve their desired outcomes and be safe in the service due to lack of oversight, monitoring and statutory checks required to maintain the environment effectively.	21/05/26
We have used the CIW matrix tool to analyse the risk in this service and currently the risk is deemed to be likely, and major, because people's outcomes may not be met because the staff are not being sufficiently supported or trained in their roles. Leadership and management and quality audit processes need strengthening as we have found oversight is weak and the service does not operate in line with it's current Statement of Purpose.	21/05/26