



Clydach Court



Clydach Court, Brithweunydd Road, Tonypandy, CF40 2UD



01443 433283

Date(s) of inspection visit(s):

11/04/2025

Service Information:

Operated by:	Rhondda Cynon Taff County Borough Council Adults and Children's Services
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for learning disability, Provision for mental health
Registered places:	35
Main language(s):	English
Promotion of Welsh language and culture:	The service 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

Good



Environment

Good



Leadership & Management

Requires Improvement

Summary:

Clydach Court is a residential home containing two separate living areas; one for older adults living with dementia, and another for adults who have a learning disability. It is located on the main road of a residential area in Tonypanyd, within close distance to local amenities and facilities.

People experience good wellbeing outcomes overall and are treated with dignity and respect. People are supported to stay as healthy as possible, with systems in place to protect people in an environment that meets their needs. Care and support is good, with people's experiences being very positive. Detailed care documentation is in place to support people's care needs. The service has good systems to safeguard people, good systems to manage their medication, and good systems to reduce the risk of the spread of infection. The environment is good, is appropriate for people to meet their needs, and is generally safe. The leadership and management of the service requires improvement. While improvements have been made by the new manager, with good levels of staff satisfaction, improvements are needed around care staff training. The service recruits care staff safely and has suitable governance and oversight systems in place.

Findings:



Well-being

Good

The service supports people to live healthily and safely. People are treated with dignity and respect, with people and their families providing very positive feedback about the service. People are involved in decisions around their care and support, with their wishes and preferences sought both day to day, and through consultations such as resident meetings. Personal plans are person-centred and reflect people's wishes. Where people have difficulties making their own decisions, the service works with families, and professionals where relevant, to ensure decisions are made in their best interests. The service has good relationships with relatives more generally, keeping them informed and updated about their loved ones' care. Friends and relatives can visit when they wish, praising the warm welcome they receive from the service. The service arranges activities throughout the year to mark specific events and occasions. We discussed with the Responsible Individual (RI) ways this can be strengthened day to day, so people have access to a choice of meaningful activities more regularly. The manager shared plans to involve people in maintaining the garden areas when the weather improves.

People are supported to stay as healthy as possible and get the right care at the right time. People's care and support needs are kept under regular review, with personal plans adapted as needed. The service works with health and social care services, reporting and referring issues as they arise and having an effective working relationship with the general practitioner specifically allocated to the service. Guidance from other professionals is acted upon promptly and informs personal plans. People are supported to receive their prescribed medication as directed. Appropriate infection control measures are used.

Systems are in place to help protect people. The service ensures staff are recruited safely and all relevant checks are completed prior to employment. The service identifies potential risks to people and care staff and develops plans around how to manage these. People have access to information to help them raise concerns, with the service being proactive in reporting issues and being open and honest with people and families. The service provides a written guide, containing practical information about the service and care provided, and also provides information about the Local Authority's complaints process if needed. People and their families told us they feel people are safe.

People live in an environment which supports them to meet their needs. Clydach Court is a purpose-built home for older people living with dementia, with an additional area used to support adults who have a learning disability. Bedrooms are comfortable and personalised. There are

ample communal and garden areas for people to use. Mobility aids and adapted equipment are in place to help people where needed. The home is clean and well-maintained, with the correct checks and servicing in place for utilities and equipment.



Care & Support

Good

People receive a good standard of care at Clydach Court. We saw people are supported in a kind and patient manner, with care being calm and respectful. People and their families were complimentary about the service, telling us *"I feel very well looked after"*, *"I was apprehensive about coming, but I love it"*, *"the staff are wonderful, the care is brilliant"*, and *"I'm very happy with the service"*. Detailed care documentation is in place to support staff to understand and meet people's needs. The service assesses a range of information before people move in. Personal plans are person-centred and contain information about the type of care and support people need and how best to deliver this. Some plans do not 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. Accompanying risk assessments are in place, with care staff understanding these and how to respond. Plans are reviewed regularly and updated following any significant occurrences or changes in need. Daily recordings and supplementary monitoring charts are completed, giving important information about people's progress and identifying changes in care needs. Appropriate referrals are made to external health professionals, with the service acting on recommendations and direction given. The service has a close working relationship with an allocated general practitioner who undertakes regular 'ward rounds', meaning people receive a consistent service in a timely manner from primary health services. This is a very good measure which enhances people's well-being.

The service takes good measures to protect people from harm and abuse. Staff understand their safeguarding responsibilities, what a safeguarding issue may look like, and how to report if they are concerned for a person's well-being. Staff are confident if they raise an issue with the management team, it will be responded to correctly. Incidents and accidents are recorded, with the service reporting safeguarding issues to relevant partner organisations, such as the Local Authority's safeguarding team. People have detailed risk assessments which help enable positive risk taking and help keep people and care staff safe. The service takes measures to learn lessons and improve and develop its practice following any issues which have occurred. Deprivation of Liberty Safeguard (DoLS) applications are made where people lack mental capacity to make decisions about their care and accommodation.

Systems are in place to promote the safe management and storage of medication. Medication is collected and disposed of appropriately, being stored securely and only accessible by senior care staff. Medication is administered in line with the prescriber's directions, with medication records generally free from errors. A medication policy in place. Medication is audited routinely to ensure stocks are correct and to identify any issues.

People's risk of infection is minimised by using appropriate measures to help manage and reduce the risk of infection. Staff have access to a supply of appropriate personal protective equipment, which we saw being used throughout the inspection. An infection control policy is in place with staff understanding their responsibilities around this, such as how to respond to an infectious outbreak. Domestic staff maintain regular cleaning duties throughout the service. Laundry routines help reduce the risk of infection. Clinical waste is disposed of appropriately.



Environment

Good

People live in an environment that meets their needs. Clydach Court is an older purpose-built home spread over two floors, supporting older adults who live with dementia on the upper floor, and adults who have a learning disability on the lower floor. The service is secure from unauthorised visitors, who are required to sign upon entry and when leaving. Bedrooms are comfortable and personalised to how people like them. There are sufficient toilet and bathing facilities throughout. The service has several sizeable lounge areas where people can choose to spend time and undertake activities. There are rooms available where people can meet with family and friends. A large dining area is located next to the kitchen where people can have their meals throughout the day. The kitchen facilities are appropriate and achieved a Food Hygiene Rating of 3, which means “generally satisfactory”. Communal areas are generally tidy and uncluttered. Parts of the service are undergoing refurbishment. Where these have been completed, such as the dining room and visitor room, these have been done to a very good standard and enhance the environment. Garden areas with sufficient seating are available, which people can make use of in the warmer weather. Several improvements to the health and safety of the environment have been made since the last inspection, with rooms being secure, bathroom tiles being repaired, toilet bins having lids, the outdoor bin being better managed, and fire drills taking place. More generally, substances hazardous to health are stored securely. There are fitted window restrictors in all bedrooms and bathrooms viewed. Fire exits are clear of clutter and obstructions, with obvious trip hazards not being present. Routine maintenance is managed. Maintenance records confirm completion of utilities testing such as electrical items, gas and water facilities. The auditing and servicing of equipment is up to date and fire safety tests are completed. Personal evacuation plans are in place and are accessible in the event of an emergency.



Leadership & Management

Requires Improvement

The service has governance and oversight arrangements in place to support its operation. Improvements have been made across many areas of the service since the new manager came into post. An environment of openness and candour is encouraged, with measures being taken to give the staff team more involvement and sense of ownership in the running of the service. Care staff feedback was generally positive, telling us they enjoy their role and feel the new manager has made improvements. They told us *“I love my job”, “the manager’s very understanding – if something’s wrong, you know you can go to her”, “I always know the door is open – I think it’s amazing. I feel valued and respected”, “the manager has changed the culture”, and “we work well as a team”*. We found the service is open and transparent, making the legally required notifications to Care Inspectorate Wales regarding occurrences at the service, and readily sharing information with organisations it works with. The RI undertakes their required oversight role, visiting the service every three months to meet with people and staff, and completing six-monthly quality of care review reports. Auditing and quality assurance processes are used to identify what is working well and where improvements are required. Policies and procedures provide guidance around staff roles, responsibilities, and how the service is to be run. The service has whistleblowing procedures, with staff understanding how to raise a concern if needed.

Improvements are needed to ensure people are supported by staff with the necessary expertise, skills and qualifications. At the last inspection we found training records showed not all care staff have up to date refresher training in core areas of care. We found training records continue to be an issue and are unclear as to whether staff have completed core training. If staff have not completed relevant training, this increases the likelihood of issues or incidents occurring. We advised this continues to be an area for improvement, and we expect the service to take timely action to address this. The correct recruitment arrangements are in place, with care staff files containing all legally required information such as proof of identity and employment references. Disclosure and Barring Service checks are undertaken. Care staff are registered with the workforce regulator, Social Care Wales. New staff complete an induction and probation period to ensure their performance is satisfactory. Care staff have regular supervision, which supports their performance and professional development. There are sufficient staff, with many having 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 and has reduced its use of these recently. 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. Care staff understand their roles and duties in relation to key areas of care, such as safeguarding and infection control.

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
People do not have outcomes to direct their care and support and have goals to aim for. People may not have a say in how their care and support is delivered.	11/04/25
Not all staff have received the required core training, therefore increasing the risk of issues or incidents occurring.	11/04/25

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