



# Inspection Report on

**Rhyd Hir**

**Neath**

## **Date Inspection Completed**

31/06 & 01/7/2022

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## About Rhyd Hir

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	National Autistic Society
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language

### Summary

Rhyd Hir is a well-managed service, placing the person at the centre of what they do. People are happy with the service provided and have good working relationships with staff and professionals involved in their care.

People and their families tell us they feel part of the decisions affecting them and their wellbeing and there is trust and confidence in the service.

The responsible individual conducts quality assurance audits and has regular involvement with the service. There are robust systems in place to support this.

Staff are well trained, attending training updates regularly and make a positive difference in the lives of the people they support.

## Well-being

The service has good oversight and clear governance arrangements in place with strong line management and methods of communication. This is a well-established service with good management support and a strong ethos of the individual being at the centre of the service. We saw people encouraged in maintaining relationships with their families and friends even through the pandemic.

People feel safe and are treated with dignity and respect. People supported are quite independent with support from staff ensuring they have voice and control over their daily lives. This is evident in the individualised activities and hobbies people have and are encouraged to develop. People are listened to, and their views acted on. 1:1 and house meetings give people an opportunity to speak and have influence in the home.

People feel safe, secure, and protected from abuse and neglect. Risk assessments are in place to mitigate risk to people's wellbeing, they are written in collaboration with the individuals and other professionals. Personal plans and daily records evidence people get the health care and support they need. This includes emotional and mental health support through the involvement of local health care professionals.

The service values the well-being of those using the service and those who work within it. Communication is open and honest and there are good records of any contact with other health professionals and families. There is a feeling of belonging, individuals made it evident in their manner that this was their home, and we were the visitors. Staff are well supported through formal and informal systems which supports a positive team ethic. People told us, *"The manager is really great I could go to her with anything"*.

The service is well situated and is well maintained, meeting the needs of the individuals. People are actively supported to carry out day to day living tasks including, preparing meal, laundry, and cleaning their home.

## Care and Support

This is a well settled service with good management support and a strong ethos of the individual being at the centre of the service. People are encouraged to maintain relationships with their family through organised visits and regularly arranged virtual meetings with families and external professionals, which continued during the pandemic. A professional with good knowledge of the service said, *“Despite the difficulties with the Pandemic this agency demonstrated the wellbeing of our citizens is paramount. They were able to identify the unmet need due to Pandemic and eager to rectify this as restrictions were lifted”*.

Care workers promote the independence of the individuals. Tools used include personal plans, risk assessments and actively supporting people with all aspects of daily life. Plans contain detailed information in relation to the person’s personal history. The plans evidence likes, dislikes, and methods of communication. Several staff have worked at the service for some time offering continuity of care. People are involved in a wide range of activities. We observed people being supported with their money and medication, and we saw photographs of individuals carrying out activities displayed at the service. Some activities had been cancelled due to covid however the organisations local day centre stayed open providing a range of activities for people to be involved. Access to activities is improving, and people are being supported to readjust with support from the service, health professionals and families.

Medication records are audited and there are safe systems in place to support the Well-being of the individuals. Medication is stored correctly in a locked cupboard and everyone’s medication is stored separately. As and when medication (PRN) is administered in line with the General Practitioners (GP) guidance. Access to the medication cupboard was restricted and presented a risk to staff. Staff may climb on the bed to gain access to the medication cupboard. After discussion with the manager this is now resolved and there is now good access to the medication cupboard. Individuals are supported to attend regular appointments with health care professionals to monitor their health and wellbeing.

## Environment

The home is very friendly with an accommodating staff and management team. It is well-situated in the local community within easy access to local amenities. There are other similar homes owned by the National Autistic Society the vicinity giving the individuals opportunities to socialise, along with a local day centre. The service is a three-bedroom property that meets the needs of the individuals who have lived there for many years. People took pride in their home and in their individual rooms. There is access to a small outside garden and to laundry facilities which the individuals use on a regular basis. The garden leads out to an access road where you find other National Autistic Society homes and day service.

Consistently good health and safety arrangements are in place promoting the well-being of people. Visiting is well managed and in line with national guidelines with only the need to show a negative LFT test on arrival. The service is well maintained with environmental, and health and safety checks conducted on a regular basis. The health and safety file evidenced this along with the relevant safety certificates. Emergency fire evacuation systems ensure people's communication needs are considered. People with hearing loss have visual light indicators to alert them in case of a fire. Individual and environmental risk assessments minimise risk whilst promoting independence. There is a good understanding of Deprivation of Liberty Safeguards and appropriate safeguards are in place. The individuals share ownership of a car, maintenance checks on the vehicle are carried out by both staff and individuals. However, a system needs to be put in place which mitigates checks being missed.

## Leadership and Management

The manager showed good knowledge and understanding of the people living at the home and of their contractual and regulatory obligations, and there was an openness throughout the inspection. The service has good systems in place to monitor and review the quality of care and support being provided. This was evidenced in the quality monitoring visits conducted by the Responsible Individual (RI) who is actively involved in the service. The manager also carries out a range of audits relating to health & safety, care planning. Managers are given clear guidance on their role and responsibilities with regards the regulations. Actions for improvement are clear and time scales given.

The service demonstrates good communication and partnership working. It was evident throughout the inspection there is a strong family support within the service and a high level of communication and trust. A relative said *"I get on with the staff, all staff are brilliant they keep me in touch with everything"*. We saw several compliments of the service, and no complaints were recorded. We were told by a relative *"I can honestly say I have never had to complain, if I thought there was a problem, I would say so, but they are very good."*

The service is delivered in line with the Statement of Purpose (SoP) which sets out what services will be provided and how they will be delivered. (Reviewed July 22).

Staff are well trained and supported to enable them to carry out their roles and responsibilities. Staff supervision and appraisals are carried out regularly these documents are stored at the main office and were made available to us. The staff training matrix is up to date and meets the expectations detailed within the Statement of Purpose (SoP). There has been consistency with staff training throughout the pandemic which is to be commended. All staff are registered with Social Care Wales. Staff told us *"The company are good with updates"* and *"My induction was very in-depth went to Cardiff over 2 weeks"*. There are systems in place for the support and wellbeing of staff which is needed when working with individuals with complex needs and behaviours.

Staff have a good understanding of the safeguarding process. There is a clear Safeguarding policy/ procedure in place which is accessible to staff. All staff complete safeguarding training as part of their induction and follow-up training is also arranged. Staff feel they have the skills and knowledge to report issues due to good training and induction. One care worker said, *"I understand the process, but I have not been involved, we have a step-by-step guide on what to do and who to report to, and it's very easy to use."*

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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. 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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12	Not all policies and procedures had been recently reviewed. Ensure all policies and procedures are reviewed at appropriate timescales to ensure they reflect current service provision and good practice.	New
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