Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Ty Bradwen

47 Park Avenue, Skewen, Neath, SA10 6SA

01792 324003

https://accomplish-group.co.uk

The inspection visit took place on 04/11/2025

Service Information:

Operated by:	Accomplish group ltd
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:	6
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	Good
Leadership & Management	Good

Summary:

Ty Bradwen is a residential home for six adults with a range of diagnosis, specialising in mental health needs. The home is situated in Skewen village on the outskirts of Swansea and has many social amenities.

Well-being for people is rated as good because they achieve what is important to them and contribute to how their outcomes are met. Staff have a good rapport with people and show respect. We did identify care and support provision is not always in line with personal plans, meaning the rating for care and support requires improvement. Good systems and processes are in place to ensure the maintenance and upkeep of the environment, however one ongoing area is still outstanding despite repairs/repair requests since the last inspection. Overall, the environment is rated as good. The theme for leadership and management is rated as good. Information is available and staff are positive about support in place for them.

Findings:

Well-being — Good

People are supported to make choices, be independent and do things that are important to them. People told us about activities they enjoyed, holidays they had been on and we saw them making plans for their day. We saw records of 'People we Support' meetings that take place. These show how people discuss what is important to them and contribute to how their outcomes are met. The staff ensure Welsh culture events are facilitated and celebrated as people wish. They use daily Welsh phrases to incorporate the language where possible, to support people whose preference it is to speak Welsh.

People are supported to engage in what is important to them. People felt comfortable to talk to us throughout the inspection visit and clearly demonstrated this was 'their' home, asking questions and ascertaining our role and purpose of our visit. We saw care workers have a good rapport with people and show respect. People are supported to access the community and take part in activities that are important to them. Photo boards showed events and days out that people have enjoyed. One person told us it helped them remember good times they had. Another person told us '*It's the best home I have ever been in.'*

People are safe and protected from abuse and neglect. Safeguarding training is completed and staff spoken to, demonstrated an understanding of what to do when referrals to the safeguarding team are required. Mental capacity assessments are completed and referrals are made for Deprivation of Liberty safeguard (DoLs) authorisations when required. These ensure any restrictions applied are in the person's best interests and agreed formally. The manager told us that other than within the DoLs process *'We don't have advocates'* and people don't have representatives at their quarterly reviews. We discussed the importance of people having someone impartial to represent them should it be in their best interest and they need support with decision making. Family told us *"We have not been invited to a meeting at all".*

People mostly live in accommodation that supports their well-being outcomes. People have their own living areas with access to communal areas should they wish to spend time with other people. People's independence is promoted and overall the home is maintained with an ongoing programme of decoration and maintenance. An area noted in one person's flat, at the last inspection, has been identified as requiring repair and improvement. This had not been completed and will be followed up at the next inspection.

Care & Support — Requires Improvement

Care and Support is delivered by a team of staff who have developed positive relationships with the people living at the service. We received positive feedback from people and their representatives. One person commented, "*All the staff are lovely*". A representative stated, "*Everyone seems lovely when they bring him to visit; they are very encouraging",* evidencing that people are supported to have meaningful interactions with friends and family. Recruitment is ongoing with new starters due imminently. The manager told us the rotas are managed by the organisation and where there is a shortfall in staff numbers, agency staff are arranged. Staff told us *"Yes we have enough time to do what we need to do – I love it"* and *"Everyone works together, not against each other".*

Personal plans are detailed and solution focused. However, some plans we viewed did not fully reflect people's needs or outline clear measures to manage identified risks. Information within personal plans and risk assessments are not always consistent with the care and support that is provided in practice. For one person we case tracked, we found many examples of meals logged not in accordance with the recorded speech and language therapy (SALT) guidelines. Case tracking showed that half of the residents had minimal or no personal care documented in daily records. There was limited evidence that these risks were escalated to relevant professionals or that specialist advice was sought. For instance, no entries of oral hygiene found for a resident with a known diagnosis of diabetes. People may be exposed to increased risk of infection because personal care is either not delivered or not facilitated in line with their care plans. Outcomes for people require improvement because people do not achieve consistent care and support to achieve their personal outcomes. We expect the provider to make improvements. Although personal plans are reviewed quarterly, there is limited evidence of involvement from people or their representatives in the review process.

Time critical medication is administered as prescribed and done so in a person-centred way with the assistance of staff to promote independence. Medication is stored securely with records of daily temperature checks displayed to ensure safe storage of medication. Medication Administration Records (MARs) are completed appropriately with signatures of care workers present.

Environment — Good

Overall, the provider ensures effective systems are in place to appropriately maintain the accommodation. We saw certificates for electrical installation and gas service are completed as required. A legionella risk assessment is available and the manager told us two staff are responsible persons (including the manager). Required checks such as water temperature and shower head cleaning/descaling are arranged by the provider. A fire risk assessment has been completed with an action plan. This is reviewed annually.

When viewing the home people were happy to show us their rooms/living areas and the communal areas where they enjoyed spending time as and when they want to. People's own living areas had been personalised to the extent individuals wanted. We saw personal items of interest to them, family photos and own bedding and items that reflected what was important to them. Flooring had been replaced throughout most of the home. We saw some bedrooms needed the décor being refreshed. Staff told us plans to redecorate people's own areas are worked around booked holidays and when people spend time away from their home. This ensures minimal impact on people and their routine and privacy. Communal areas such as the lounge and dining area had recently been repainted and furniture updated where needed. We saw a social area where people can use the pool table and play darts.

People have access to a laundry, main kitchen as well as their individual kitchenettes and are supported to be as independent as possible. Cleaning products are stored in a separate locked area. Overall, the home was clean and staff told us how they try to ensure individual living areas are cleaned and aired whilst working with the preferences of people in their own bedrooms/flats.

Whilst we did conclude the provider has invested in the home and environment to make it a pleasant place for people to live and spend their time: Outcomes for people require improvement because, at the last inspection (in January 2024) we were told there were plans to complete repairs to a rear flat roof area. Despite repairs and further requests for repairs, water is coming through the ceiling after heavy rain and we expect the provider to make improvements.

Leadership & Management — Good

Good arrangements are in place to oversee the quality of the care provided and to ensure the home is running smoothly and safely. The Responsible Individual (RI) and management team maintain oversight through regular quality assurance processes and quarterly RI visits. Reports include observations of people's care delivery, reviews of care documentation, and feedback from staff members and service users. This collaborative approach supports consistent and continuous improvement in service delivery.

The provider ensures that all relevant notifications are submitted to the appropriate authorities in a timely manner, safeguarding individuals and maintaining regulatory compliance. The manager operates an open-door policy, staff told us the manager is approachable, and they feel able to discuss any concerns they have, and this contribute to staff stability. This means that people benefit from consistent care due to the provider's commitment to retaining qualified and knowledgeable staff. Although agency staff are used, this is infrequent and does not impact continuity of care.

The Statement of Purpose (SoP) does not accurately reflect the training being provided at Ty Bradwen and the RI has been advised to amend this. Some training listed 'may' be delivered if there is an identified need. Despite this, recruitment, induction, training, and support systems are well established and contribute positively to improve people's quality of life. Staff receive regular team meetings, supervision, and annual appraisals are scheduled. The manager confirmed that the team receives strong support from both the staff group and the RI.

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
Aspects of care and support require improvement. People may be exposed to increased risk of infection because personal care is either not delivered or not facilitated in line with their care plans.	04/11/25
People's health and well-being may be affected because aspects of the environment require improvement and this has not been addressed in a timely manner.	04/11/25

CIW has not issued any Priority action notices following this inspection.