Arolygiaeth Gofal Cymru
Care Inspectorate Wales

# Inspection Report

## Cartref Ael Y Bryn

Cartref Ael Y Bryn, Penybanc Road,  Ammanford, SA18 3HS

01269593773

www.barleybind.co.uk

**The inspection visits for this service took place between 09/10/2026 and 15/10/2026**

## Service Information:

| | |
|---|---|
| Operated by: | Barleybind Ltd |
| Care Type: | Care Home Service<br>Adults Without Nursing |
| Provision for: | Care home for adults - with personal care, Provision for mental health |
| Registered places: | 49 |
| 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 | Good |
| Environment | Good |
| Leadership & Management | Good |

## Summary:

Cartref Ael y Bryn is a residential care home on the outskirts of the market town of Ammanford, in Carmarthenshire. The home is registered to accommodate and provide care and support to 49 adults.

People experience positive well-being outcomes and are treated with dignity and respect. They feel safe, have choice and control over their daily lives, maintain important relationships and receive support to promote their physical and emotional well-being.

People receive good-quality, person-centred care from a stable and experienced staff team who know them well. Care staff are kind, responsive and respectful, and people have appropriate access to healthcare professionals. Medicines are securely managed and infection prevention practices are effective.

People live in a welcoming, clean and comfortable home with a range of communal and private spaces. Bedrooms are personalised and adaptations support people living with dementia. Fire safety arrangements require improvement, and the provider is progressing actions to address the identified shortfalls.

People benefit from an accessible management team, a stable workforce and a positive, supportive culture. Governance arrangements provide oversight of the quality and safety of the service. However, several key policies require review to ensure they reflect current legislation, statutory guidance and good practice

# Findings:

## Well-being — Good

People experience positive well-being outcomes. They are treated with dignity and respect by care staff who know them well and respond promptly when they need support. We observed warm and respectful interactions throughout the inspection. There is a low turnover of care staff ensuring continuity of relationships and care staff knowing people very well. People told us they were happy living at the service, felt safe and described care staff as *"friendly"* and *"caring".* A relative described the quality of care as *"very good"* and said they were *"always made welcome".*

People have choice and control over their daily lives. They decide how they spend their time, when they get up and go to bed, and when they see visitors. Personal plans contain information about people's backgrounds, relationships, preferences and interests. However, individual outcomes could be more clearly defined, and reviews should better evidence people's involvement and progress towards achieving what matters to them.

People are supported to maintain their physical and emotional well-being. Records show people have access to appropriate health and social care professionals and visiting professionals spoke positively about the care provided. A healthcare professional told us, *"The home demonstrates a genuine commitment to ensuring that residents are treated with dignity, respect and compassion."* People also spoke positively about the food and the choices available.

People have opportunities to participate in exercise, arts and crafts, painting, music and entertainment. However, opportunities for meaningful occupation could be further developed. Some people told us they would like more activities; records did not always evidence how people were supported to pursue their individual interests. The provider should develop more personalised opportunities, particularly for people living with dementia and strengthen links with the wider community.

People live in a clean, comfortable and well-maintained home with communal and quieter spaces available. Bedrooms are personalised and the provider has introduced environmental features to support people living with dementia. Further development of dementia-friendly features would enhance this. Overall, there are good health and safety procedures in place. Although improvements are required in fire safety management, training and compliance. The provider has begun addressing this and is progressing the necessary actions.

## Care & Support — Good

People receive good-quality care and support which promotes their well-being and helps them achieve positive outcomes. Personal plans contain information about people's backgrounds, relationships, preferences and interests. Risk assessments are individualised and give care staff guidance on supporting people safely. People and their representatives confirmed they are consulted about care. However, personal plans and reviews should define personal outcomes more clearly, track progress and consistently evidence people's involvement. Pre-admission assessments should also include more meaningful narrative to inform care planning.

People experience continuity of care from a stable staff team who know them well. We observed care staff treating people with kindness, dignity and respect. Care staff respond promptly to requests for assistance, and the atmosphere was calm and relaxed. People and representatives spoke positively about the care staff and the care being provided. Visiting health care professionals described staff as *"Friendly, approachable, professional and caring"* and *"there is a clear sense of teamwork and commitment to providing the best possible care for residents".*

People are supported to maintain relationships and participate in some activities which stimulate mental and physical health and mobility. The manager has developed and is facilitating an initiative to reduce falls and the fear of falling amongst older people. This initiative uses their experience and expertise in Judo and is being delivered to both people and care staff. They are hoping this will have a positive impact on people. Friends and relatives told us they feel welcome, and the management team is accessible. However, activity planning requires further development to ensure people, particularly those living with dementia, have regular opportunities tailored to their interests and abilities. The service should also strengthen links with the wider community.

People have access to healthcare professionals and records show care staff follow professional advice. Medication is stored securely, regularly audited and reviewed. Care staff administer medication in a person-centred way and are appropriately trained. However, the provider must update its medication policy to reflect current statutory guidance and good practice. In addition, annual medication competency checks should be introduced and recorded.

The service is clean and care staff follow appropriate infection-prevention practices. Personal protective equipment is readily available, staff receive training, and management completes infection-control audits. Safeguarding records are maintained and care staff have completed training. However, the provider must update its safeguarding and whistleblowing policies to reflect current statutory guidance and good practice.

## Environment — Good

People live in a welcoming, comfortable environment with sufficient communal and private space. The home is clean and well maintained. People can choose where to spend their time, including the main lounge and dining area, conservatory, quiet lounge, upstairs lounge and enclosed rear garden. Bedrooms are personalised and some have en-suite facilities. Bathrooms and toilets are clean and accessible. People have access to suitable specialist equipment, call systems and Wi-Fi.

The provider has made adaptations to support people living with dementia. These include colour-coded corridors and contrasting handrails. People's names and photographs are displayed on bedroom doors to help them recognise their rooms. Further improvements, such as memory boxes, contrasting bedroom doors and more appropriate corridor flooring, would strengthen the dementia-friendly environment. The re-arrangement of seating in the main lounge could also better support conversation and social interaction.

The service has dedicated domestic staff and two maintenance workers. Records showed routine servicing and safety checks for essential equipment, including fire alarms, emergency lighting, electrical systems, gas appliances, lifts and hoists. Staff securely stored substances hazardous to health and electronic door controls helped prevent unauthorised access. The external grounds are well maintained. However, some wheelchairs and walking frames were stored in the main lounge, reducing the available space. The provider should also update the legionella risk assessment.

Fire safety arrangements require improvement. The most recent external fire risk assessment available at the inspection had been completed several years ago. Although the fire service had recently inspected the home, the provider had not received its report. The provider must also ensure all staff receive fire marshal training, make clear evacuation procedures readily available and test evacuation arrangements more regularly. Personal emergency evacuation plans should be stored securely in a fire-resistant container near an accessible exit. The provider has employed an experienced fire safety consultant and is progressing the required actions. These improvements are required to ensure the provider identifies and reduces risks to people's health and safety. We will follow this up at the next inspection.

## Leadership & Management — Good

People benefit from a service that is well led and has a positive and supportive culture. The management team is accessible and maintains regular communication through care staff meetings and twice-daily handovers. Care staff told us they *"feel valued", "well supported"* and able to raise concerns. They described management as *"very approachable"* and said the training provided is good. Care staff receive quarterly supervision, although annual appraisals need to be reintroduced consistently. Recruitment records showed appropriate pre-employment checks, induction and qualification arrangements. The service has a stable and experienced workforce, with low care staff turnover and no reliance on agency staff. Staffing levels are based on people's needs, but the provider should continue to monitor deployment as occupancy increases.

The provider has governance arrangements to monitor the quality and safety of the service. The Responsible Individual (RI) visits regularly and seeks feedback from people, relatives and staff. Quality-of-care reviews, management audits, satisfaction surveys and records of complaints, incidents and notifications are maintained. These arrangements provide oversight and support improvement. However, quality monitoring reports would be strengthened by clearer analysis of trends, such as falls, accidents and incidents, and by showing how actions taken have improved people's outcomes.

People and staff experience an open culture in which concerns can be raised. The manager operates an open-door approach, and information about making a complaint is available within the home. Feedback indicated that people, relatives and staff are confident approaching the management team.

Nevertheless, governance requires improvement because several key policies and supporting documents do not reflect current legislation, statutory guidance or good practice. These include safeguarding, whistleblowing, medicines management, complaints and infection prevention and control. This has resulted in an area for improvement and discussed this with the provider. We expect the provider to take action and will follow this up at the next inspection. The provider has assured us they will establish a systematic review process, so documents remain current, consistent with the Statement of Purpose and suitable for the people receiving care and support.

# 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 |
|---|---|
| Fire safety risk assessments and arrangements need to improve to ensure the health and safety of individuals are identified and reduced so far as reasonably practicable. | 09/10/26 |
| Policies and procedures are not always reviewed and updated, in light of changes to practice, changing legislation and best practice recommendations. | 09/10/26 |

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

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