Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Panorama Bungalow

Panorama, Leigh Road, Pontypool, NP4 8JE

01495767730

www.expanding-horizons.co.uk

Date(s) of inspection visit(s): 29/07/2025

Service Information:

Operated by:	Expanding Horizons 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 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	Good

Summary:

Panaroma Bungalow is a small care home situated in a residential area on the outskirts of Pontypool. Providing accommodation, care and support for up to six adults with a range of support needs including learning disability, mental ill-health and dementia.

At this inspection, we found people's well-being is good, based on observations that they appear happy, relaxed, and comfortable. Staff were seen engaging positively with people, who responded with smiles and ease, indicating a sense of safety and trust. The care and support people receive is good, care was provided with kindness, attentiveness, and responsiveness to people's needs, offering reassurance where appropriate. Personal plans are in place providing guidance for care staff to follow. People live in an environment that is safe. There are systems in place to identify and mitigate risks to people's health and safety.

The leadership and management of the service is good. The responsible individual (RI) has good oversight of the service and identifies improvements to service delivery.

Findings:

Well-being — Good

People are supported by care staff in ways that promote their overall well-being and autonomy. Staff encourage people to maintain control over their daily lives and make informed choices regarding their care. Personal plans are reflective and detailed, outlining each person's preferences, routines, likes, and dislikes. Staff ensure that individuals are aware of their rights and entitlements.

Representatives are actively involved in care planning to support informed decision-making. Staff demonstrate a strong understanding of each person's needs and respond promptly and compassionately to changes in well-being. This includes timely access to professionals such as GPs and social workers. Personal plans confirm that medical support is sought when required. Staff prioritise safety while promoting positive risk-taking, with risks clearly identified and managed within care plans. Medication management is robust, with safe handling, storage, and administration practices consistently maintained.

People have diverse communication needs, and staff are suitably qualified to meet them. The service has explored Welsh language provision. Although no individuals currently require services in Welsh, the provider is committed to the Welsh Government's 'Active Offer'. The service has also developed its own "Welsh Winter Campaign," an internal initiative designed to encourage both staff and people using the service to engage with the Welsh language

Safeguarding mechanisms are in place to protect people from abuse and neglect. Systems ensure that risks are promptly identified and addressed. The safeguarding policy has been reviewed with input from people using the service. Staff are trained, understand their responsibilities, and know how to raise safeguarding concerns.

Panorama has a small, consistent workforce, which benefits people through continuity of care and strong relationships. Although the service does not currently have a registered manager, the acting manager provides effective support to staff. This has had a positive impact on staff morale and the emotional well-being of people. Representatives also expressed confidence in the leadership, noting the acting manager's supportive approach.

As part of the service's governance arrangements, the RI is visible and engaged. The RI completes quarterly reports that include discussions with individuals, observations of staff interactions, and reviews of service delivery. Health and safety checks are routinely carried out, and risk assessments are included in personal plans to ensure people remain safe. The environment is safe, clean, and comfortable. Bedrooms are personalised, and photographs displayed in communal areas contribute to a homely atmosphere. Staff are vigilant about visitors, and a sign-in book is

maintained. People are involved in decisions about service delivery, including planning for events such as Christmas.

Some people are supported to manage their finances, while others have their finances managed by family members or appointed representatives. Records show that the service follows legal procedures to protect people who lack capacity to make decisions about their care and support. The provider also seeks feedback from stakeholders to ensure the accommodation continues to meet people's needs.

Care & Support — Good

People receive the quality of care and support they need to achieve their desired well-being outcomes. The provider conducts pre-admission assessments before agreeing to deliver services. Information is gathered from a range of sources, including people themselves, professionals involved in their care, family members, and representatives. Based on this, person-centred and strength-based personal plans are developed. These plans include clear goals and outline how support will be delivered to meet identified outcomes. Personal plans are reviewed after three months, with representatives involved in the process. All documentation is maintained within an electronic system, allowing for easy access and timely updates. Visiting professionals also contribute to reviews, and their input is recorded to inform ongoing support. The Responsible Individual (RI) has given assurances that all reviews will be completed in a timely manner and kept up to date.

People are supported to make choices about their food. Staff reported that people are now involved in designing the menu. The home is well-stocked, and the provider ensures access to a nutritious and balanced diet. People are encouraged to participate in activities that promote happiness, health, and overall well-being. We observed some activities taking place and saw that individuals were supported to engage in them. Community access is also promoted. Friends and family visit the home, and individuals are supported to visit their own families. Positive relationships are fostered within the home, contributing to a sense of belonging and respect.

People are protected from harm and abuse through a range of safeguarding measures. Records show that the provider investigates all safeguarding concerns, with outcomes recorded both in individual care plans and in a separate, easily accessible file. The manager's auditing systems contribute to the RI's quality of care report. Risk assessments are in place to manage both identified and potential risks. Staff receive regular training relevant to care needs and safety. Manual handling practices are appropriate, and infection control measures are robust. Personal protective equipment (PPE) is readily available, and the home is clean and well-maintained. All staff are registered with Social Care Wales in accordance with regulations and demonstrate an understanding of safeguarding procedures to ensure people's safety.

Medication is administered safely, with clear policies and secure storage in place. Regular medication audits are conducted to identify and address any discrepancies promptly. The provider works effectively with the local pharmacy and individuals' GPs. People are supported to access medical care when needed. People feel secure in the service. Staff are skilled at providing reassurance during times of anxiety, and people via their representatives' express trust in the care they receive. Staff are highly competent and work in the least restrictive ways to help people achieve their personal outcomes.

Environment — Good

The home is welcoming, comfortable, and homely. The premises are clean and tidy. Bedrooms and communal areas are consistently cleaned daily by care staff and personal plans outline how care staff can encourage people to develop and maintain daily living skills.

The service provider has plans to improve the physical environment, including updating the front of the building to improve accessible outdoor space. The rear of the building has a steep gradient making access difficult for people. The kitchen area was scheduled for update within a few weeks of our inspection, internally, the kitchen is clean, spacious, and accessible. One person was seen using it with ease.

The service provider has systems in place to identify and mitigate health and safety risks. Regarding safety, we noticed that the door closure system is noise-activated, causing doors to close automatically. Staff confirmed this feature. Provider told us that they continue to monitor this to ensure that this does not pose a risk to people who walk around and may not move away quickly enough when doors close.

A Fire Risk assessment is in place. Fire drills are completed. Personal Emergency Evacuation Plans (PEEPs) are in place and provide clear guidance for safe evacuation during emergencies. Infection prevention and control practices are followed by care staff. Lifting equipment is regularly checked and serviced to ensure safe use. Records confirm routine testing of utilities. Substances hazardous to health are stored safely and securely. Water safety checks, including legionella risk assessments, are completed.

The service provider ensures the premises comply with current legislation and national guidance related to health and safety and environmental health. The current Food Standards Agency rating is 2 identifying some improvement to its food safety standards and practices are required. The service provider reported that improvements have been made, and they are prepared for the next inspection. This will be reviewed further at the next inspection.

Leadership & Management — Good

The service provider has established effective governance systems, including a clear management structure that supports the smooth day-to-day running of the service. The responsible individual (RI) and management team maintain oversight through regular monthly and quarterly reports. These reports include observations of care delivery, reviews of care records, and feedback from representatives and professionals. This collaborative approach ensures consistent quality and continuous improvement in service delivery.
The provider ensures that all relevant notifications are submitted to the appropriate authorities in a timely manner, safeguarding people and maintaining regulatory compliance. The management team promotes a culture of transparency by openly sharing information about incidents, their impact on people, and the actions taken in response. In the absence of a registered Home Manager, the group manager has taken positive steps to support the service and maintain good outcomes for people. Staff reported that management is approachable and supportive. The Acting Manager operates an open-door policy, and the provider noted that this support has contributed to staff stability.

Health and safety checks and environmental risk assessments are regularly maintained and reviewed. The provider's policies and procedures are appropriate and proportionate to the needs of the people using the service. Key policies, including those on complaints and safeguarding, have been reviewed with input from people receiving a service, and this process is ongoing.

The RI remains visible within the service and completes a quarterly report that includes discussions with people, observations of staff interactions, and reviews of service delivery. Representatives have expressed confidence in the leadership team and confirmed that concerns are addressed promptly.

Mandatory training, supervision, and appraisals are completed within expected timeframes. Staff attend regular team meetings and actively contribute to service delivery. The service benefits from a stable staff team that is sufficient to meet the needs of people using the service. Recruitment processes have improved since the last inspection and now comply with regulatory requirements. This includes obtaining Disclosure and Barring Service (DBS) checks and references. The DBS process is essential for ensuring safe recruitment practices and protecting individuals from harm.

The Statement of Purpose accurately reflects the aims and scope of the service. Monitoring systems are in place and are used effectively to drive continuous improvement.

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.

CIW has no areas for improvement identified following this inspection.

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