Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Ael-y-Bryn

Ael Y Bryn, 160 Llanllienwen Road Cwmrhydyceirw, Swansea, SA6 6LT

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The inspection visits for this service took place between 25/08/2026 and 26/08/2026

Service Information:

Operated by:	Ael-y-Bryn Ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	30
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:

People living at Ael-y-Bryn experience positive outcomes and benefit from warm, caring relationships with staff who know them well. Staff promote people's wellbeing, independence and quality of life, and people told us they feel safe and supported. Relatives spoke positively about the care provided and described improvements in people's confidence, mobility, social engagement and overall wellbeing since moving into the service. People are supported to maintain relationships that are important to them and to make choices about their daily lives.

A particular strength of the service is its commitment to meaningful occupation and social engagement. People benefit from a varied programme of activities and opportunities to participate in community life, helping them remain active and connected to others. The service also provides a comfortable and homely environment. Ongoing investment and planned improvements to further enhance dementia-friendly features demonstrate a commitment to supporting people's independence and helping them navigate their surroundings with confidence.

Staff work collaboratively to meet people's needs and promote positive outcomes. Effective leadership supports a positive culture within the service and a commitment to continuous improvement. Quality assurance systems are in place to monitor the quality of care and support provided. These could be strengthened further to ensure matters affecting people's day-to-day experiences, such as meal choices, are identified and acted upon as early as possible.

Findings:

Well-being — Good

People experience positive outcomes and told us they enjoy living at the service. We found people are treated with warmth, kindness and respect by staff who know them well. During the inspection, people appeared relaxed, comfortable and engaged in their surroundings. We observed positive interactions throughout the service and saw people spending time together, taking part in activities and moving freely around communal areas. People told us they feel settled and supported. One person described the home as *"lovely"*, and another relative told us their family member's mobility had improved since moving to the service.

People are supported to maintain relationships that are important to them. Relatives consistently spoke positively about communication with staff and described being involved in their family member's life. One relative told us, *"My mum loves it here, it's not home but it's the next best thing."*

A particular strength of the service is the range of opportunities available for meaningful occupation and social engagement. The service employs a dedicated activities coordinator and delivers an extensive programme of activities based on people's interests and preferences, including quizzes, arts and crafts, singers, shopping trips, church coffee mornings and community events. Records demonstrated regular celebrations of cultural and seasonal events, including St David's Day, VE Day, Mother's Day and Valentine's Day, alongside links with schools, community groups and local venues. Activities are regularly reviewed and adapted to reflect people's interests. People and relatives spoke positively about the difference these opportunities make, describing improvements in wellbeing, mobility, confidence and social engagement. One relative told us their family member had become more active since moving into the service, whilst another described how their family member now regularly walks around the home, enjoys spending time in the garden and participates more fully in daily life.

The service promotes Welsh culture through themed celebrations, traditional foods and Welsh signage. Whilst documentation and some signage are available bilingually, we did not observe Welsh language actively being used during the inspection. However, the service is working towards the Active Offer.

People generally spoke positively about food provided by the service. However, we identified opportunities to strengthen people's choice and control over meals. Alternative options for people who did not wish to have the meal of the day were limited and were repeatedly described as egg on toast, egg and chips or beans and chips. Whilst people did not raise significant complaints about the food, the evidence does not fully demonstrate that meaningful choice and preference are consistently promoted for everyone.

Care & Support — Good

People receive care and support from staff who know them well and understand their day-to-day needs. Staff demonstrate a good knowledge of people's health needs, routines and preferences, and told us they work closely with healthcare professionals to ensure people receive appropriate support. People have access to relevant healthcare professionals when required, and records demonstrate recommendations are generally acted upon to support positive outcomes.

People are protected by systems designed to manage risks associated with their care and support needs. Risk assessments were available for areas such as mobility, nutrition, pressure care and falls. Staff were able to describe how they support people safely and demonstrated a good understanding of individual needs. The service uses an electronic medication administration system to support safe practice. Medication management arrangements were generally effective and records reviewed provided assurance that medicines are managed safely, with any issues identified being addressed appropriately.

Whilst care was delivered in a caring and responsive manner, records did not always provide a sufficiently detailed picture of the person. Several care plans contained limited social history and only basic information about what is important to the individual. We found examples where important information could be strengthened further. One person's hearing difficulties and hearing aid use were not reflected within parts of their care documentation and communication plans varied in quality. We also found incident records and behavioural recording would benefit from additional detail.

The documentation seen demonstrated people and relatives are involved in care reviews. Involvement was often recorded through informal discussions and telephone contact rather than structured review meetings. Families told us they were comfortable with this approach and felt informed when changes occurred.

We also identified opportunities to strengthen how nutritional needs are communicated and monitored. The service supports people with a range of dietary needs, including diabetes, texture-modified diets and people awaiting Speech and Language Therapy (SALT) involvement. However, arrangements for communicating people's dietary needs within the kitchen require strengthening. Information relating to specialist diets was not always clearly visible to staff, reducing assurance that dietary requirements are consistently considered when meals are prepared. Whilst people generally spoke positively about the food provided, greater assurance is needed that choice, nutritional value and specialist dietary needs are consistently reflected in meal planning and alternative meal options.

Environment

Good

People live in an environment that is generally safe, comfortable and undergoing significant investment. The provider continues to refurbish bedrooms and communal areas and develop accessible outdoor spaces. During the inspection we saw examples of newly refurbished bedrooms that were well presented, personalised and equipped with appropriate furnishings. People told us they like their bedrooms and valued having personal possessions and furniture around them. One relative described how being able to bring personal furniture into the home helped make the room feel familiar and homely. The manager is also taking steps to make the environment more dementia friendly through planned improvements to colour schemes, signage and orientation features. These developments aim to help people navigate the home more easily, promote independence and enhance their overall wellbeing.

The service has good maintenance arrangements in place. Fire safety systems, emergency lighting, water safety arrangements, servicing schedules and maintenance records were available and up to date. We saw evidence of regular testing and monitoring, and maintenance records demonstrated actions were recorded and completed. The refurbishment programme includes plans to improve accessibility and create a dementia-friendly garden which should further enhance the environment available to people. The front garden and seating area already provide an attractive and welcoming outdoor space for people and visitors.

Communal areas were pleasant and people appeared relaxed and comfortable within them. During our walk around, we observed people spending time in lounges, participating in activities and engaging socially with others. Bedrooms viewed were personalised and generally well maintained. People were able to move freely around the home and access communal spaces of their choosing. The environment supported social interaction and offered a range of spaces where people could spend time independently, with visitors or alongside others living at the service.

During the inspection, cleanliness standards were not consistently maintained throughout the home. We observed door surrounds, door handles, skirting boards and window frames that required additional cleaning. Whilst records demonstrated cleaning tasks had been allocated and completed, this was not always reflected in the condition of the environment observed during the inspection. The manager advised that some of these issues had already been identified through internal oversight and that action was underway to address them. However, the findings observed during the inspection indicate that monitoring arrangements had not consistently identified or addressed all cleanliness and environmental issues. As a result, we were not fully assured that expected standards were being maintained throughout the service.

Leadership & Management — Good

People are supported to achieve their outcomes because the service provider has established organisational arrangements, governance systems and management oversight which support the day-to-day operation of the service and the delivery of care.

The service benefits from a committed management team and a positive staff culture. Staff consistently described managers as approachable, supportive and available when needed. The manager receives support from the wider organisation and staff told us they feel able to raise concerns, access training and contribute to service developments. Records showed staff receive supervision, annual appraisals, team meetings and opportunities for ongoing professional development. Staff spoken with were positive about the management team within the service and described a culture where support is readily available.

The provider maintains a stable workforce and there is little reliance on agency staff. Staff and relatives highlighted the benefits of continuity and told us consistent staffing supports positive relationships and helps people feel secure. Recruitment records sampled contained the required checks and documentation, including evidence of DBS checks, references and Social Care Wales, (The work force regulator) registration where required. Training records demonstrated good compliance with mandatory training requirements. Staff were able to explain how training, including safeguarding, medicines management and dementia care, supports them in their role and helps them meet people's needs safely.

The provider continues to invest in the service. Refurbishment works are progressing throughout the home. Staff told us requests for equipment are generally responded to positively and healthcare recommendations are often acted upon promptly. Records showed examples of specialist equipment being obtained to meet people's assessed needs. Staff described good access to senior management support and resources, which helps them respond to people's changing needs.

The provider has established governance and quality assurance arrangements, including audits, quality of care reviews, Responsible Individual visits and other monitoring activities. These processes provide oversight of the service and identify areas for development. However, inspection findings indicate governance arrangements are not always effective in identifying and addressing all areas requiring improvement. For example, cleaning records showed tasks had been completed, but inspection observations identified cleanliness issues within parts of the environment. Similarly, quality assurance reports referred to positive food provision but did not fully reflect issues raised relating to menu choice, alternative meal options and assurance regarding specialist dietary needs. These inconsistencies limit assurance that monitoring systems consistently identify issues and measure the impact of service delivery on people's outcomes. Strengthening the evaluation of audit findings, quality reviews and feedback would provide greater assurance that improvements are

identified promptly, acted upon effectively and used to drive continuous improvement across the service.

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.