Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Bevans House

7a Station Terrace, Neath, SA10 9DH

01639701320

The inspection visit took place on 05/03/2026

Service Information:

Operated by:	Care 4 U (Neath) Limited
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
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	Good
Environment	Good
Leadership & Management	Good

Summary:

People living at Bevans House are supported to live well and achieve outcomes that matter to them. the service demonstrates a clear commitment to supporting people's well-being.
People receive care and support that is well planned, safe and responsive. While there are areas where practice can continue to develop, these do not detract from the positive experiences people have, and the service supports people effectively to live their lives in line with their wishes.
People live in an environment with appropriate facilities and safety arrangements in place. While some aspects of maintenance and food hygiene require continued oversight, systems are established to monitor risks, maintain the premises, and support people's health, safety and well-being.
Overall, leadership and management arrangements provide a positive foundation for the service, with clear values, engagement with people, staff and families, and established quality assurance processes. However, improvements are required to strengthen training oversight.

Findings:

Well-being — Good

People experience good well-being outcomes because the service supports them to live active, fulfilled lives with choice and control. People are relaxed and comfortable in their home and understand the opportunities available to them, which helps them to feel settled and confident. People living at the home told us, *"It's really nice here, this is my home".*

People are well supported to access their local community. Individuals told us they regularly visit local shops and cafés and take part in planned trips using the service minibus to the local town and other activities. We saw photographs of people enjoying days out, including activities that had taken place on the day of the inspection. This shows the service actively supports people to remain socially connected and engaged in meaningful experiences.

People's individual preferences and identities are respected. Bedrooms are personalised to reflect people's tastes, hobbies and interests, helping the home to feel personal and welcoming. People are supported to visit their families and to receive visitors in their home, which helps them to maintain important relationships. Relatives informed us, *"It's a lovely home; we can't fault them".* People's voices are listened to, and their individual circumstances are taken into account. During the inspection we saw people being offered genuine choice about how they spend their day, what and when they eat, and who they spend time with. This demonstrates a person-centred approach that promotes independence and respects people's rights.

The service supports people's well-being through thoughtful admission arrangements. Pre-admission visits take place, and compatibility between people is considered before admission. This helps to ensure people are supported to live in a home where they feel comfortable and safe. Safeguarding arrangements help to protect people from abuse and neglect. People live in a home that supports their well-being, and all staff have completed safeguarding training. The Responsible Individual (RI) confirmed that more frequent refresher training has been arranged to strengthen practice further, which reflects a commitment to continuous improvement.
People's rights are respected. The manager makes appropriate applications for Deprivation of Liberty Safeguards (DoLS) authorisations when required. While there are delays in some local authorities processing these applications, the service continues to follow correct procedures to protect people's legal rights.
The service is working towards providing the Welsh language Active Offer. Although documentation is available in Welsh and some staff speak Welsh, the people currently living at Bevan's House do not speak Welsh. The provider is therefore developing the Active Offer proportionately, in line with people's current needs.

Care & Support — Good

People receive good quality care and support that helps them to achieve outcomes that matter to them. Staff support people to be as independent as possible while ensuring care is safe, consistent and responsive to individual needs. Care records are clear, accurate and person-centred. Personal plans describe what is important to people, their needs and how they wish to live their lives. Plans are up to date and are reviewed at least quarterly, or sooner when changes take place. This helps staff to understand people well and provide care that reflects their preferences and aspirations. Feedback from staff said, *"They like to be busy; we go out at least twice a day sometimes more"*.

People are actively involved in their care and support. Individuals have a voice through regular monthly meetings, where they are supported to share what they like about living at Bevan's House and to comment on the support they receive. This demonstrates that people's views are listened to and taken into account when care is delivered.

Staff are caring and supportive in their approach. They encourage people to maintain and develop independence, supported by assessments of physical and mental health and risk assessments that focus on enabling people to live safely rather than restricting choice. Feedback from people living at the home said, *"The staff are great; they are very helpful".* Incident reports are completed where required, and learning from these contributes to maintaining people's safety and well-being.
The service has safe and effective systems in place for managing medication. Medicines are administered as prescribed, and medication administration records are completed accurately, with no gaps noted. Audits are carried out routinely to monitor practice. Medication is stored securely in a locked cabinet, with keys kept safely, and the room used for storage has daily temperature checks. These arrangements help to ensure people receive their medicines safely and consistently.

People are supported to access health and other professional services when needed. Staff make appropriate referrals, including applications for DoLS authorisations where required. While there are delays with some authorities completing assessments, the service follows the correct processes to protect people's rights. Arrangements are in place to minimise risks to people. Risk assessments are completed and reviewed, and cleaning products are stored securely. Clear guidance is available for anyone handling cleaning products, which helps to protect people and staff from harm.

Environment — Good

People live in a safe and comfortable environment that supports their well-being outcomes. The home is clean, warm and welcoming, and people benefit from shared spaces that promote comfort, social interaction and choice. There is a large kitchen-diner, a lounge and a conservatory, as well as a secure courtyard garden. We were told the conservatory was previously used as a smoking room; however, the provider has taken positive action to promote a smoke-free environment. A new designated smoking area has been created in the outdoor courtyard. People have access to secure and accessible outdoor space. The courtyard and garden areas are safe and enable people to spend time outside. People are protected from unauthorised access to the building, as visitors are required to ring the doorbell before entry is granted.

Health and safety risks are identified and managed appropriately. We saw up-to-date certificates for the electrical installation and gas safety checks, providing assurance that key systems are regularly serviced and safe. Fire exits were clear and unobstructed, and maintenance records showed that weekly fire alarm tests are completed. These measures help to ensure people are protected from avoidable risks.

The provider has systems in place to monitor and review the safety of the environment. The manager completes regular audits to check that the premises remain safe and suitable, and actions are taken when issues are identified. This proactive approach supports people to live in an environment that continues to meet their needs. The premises are generally well maintained. Although we noted some standard wear and tear to paintwork, the provider had plans in place to refresh and maintain the décor. This demonstrates an awareness of the importance of keeping the environment pleasant and homely for people who live there.

Food safety arrangements require ongoing attention. The service currently has a Food Hygiene rating of 2, which means that improvement is necessary. Leaders told us that actions have been taken since the inspection to address the identified issues. At the time of our visit, the kitchen was clean, staff had completed food hygiene training, and records showed that cleaning schedules and food temperature checks were in place. These improvements indicate that the provider recognises where standards need to strengthen and is taking steps to reduce risk to people.

Leadership & Management — Good

People are supported to achieve their outcomes because leaders have a clear vision for the service and place people at the centre of decision-making. The provider demonstrates a positive regard for each person living at the home and promotes a culture that values dignity, respect and individual needs. This is reflected in how the service is organised and how feedback is gathered and considered. Relatives informed us, “We have a good relationship with them”.

Quality assurance arrangements provide oversight of the service. Leaders use a range of methods to gather feedback, including quarterly staff meetings and monthly meetings with people living at the home. Surveys are sent to families as part of the RI’s role, and feedback is also gathered directly from staff during visits. A six-monthly quality of care review report is available and was informative, providing a broad overview of service quality. Staff informed us, *“If I need anything, I go straight to them and ask”.*

There are systems in place to ensure safer recruitment. Pre-employment checks are completed before staff start work, including references, photographic identification and Disclosure and Barring Service (DBS) checks. This helps to ensure people are supported by staff who are suitable to work in the service.

The RI and management understand their responsibility to notify statutory agencies of significant events, and DoLS applications are made to the relevant local authorities. However, notifications to Care Inspectorate Wales (CIW) have not been consistently submitted. The RI acknowledged this as an oversight and confirmed that actions will be taken to ensure CIW is notified as required going forward.

Some governance documents require updating to reflect current practice. The statement of purpose needed to be amended to confirm that the indoor smoking room is no longer in use and that a new smoking shelter has been built in the outdoor courtyard. This was quickly rectified and is now a true representation of the service.

Staff complete relevant training before starting their roles, which supports them to carry out their responsibilities safely. However, refresher training in key areas, including safe handling of medication, safeguarding, complex behaviours and DoLS, has not been maintained to an appropriate standard. We expect the provider to take action, and we will follow this up at the next inspection.

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
The provider must ensure that all staff receive and complete mandatory refresher training to maintain the knowledge and skills needed to provide safe and effective care.	05/03/26

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