



Hawthorn Court Residential Care Home



Hawthorn Court Care Home, 12 Bayswater Road, Sketty, Swansea, SA2 9HA



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www.mychoicehealthcare.co.uk

The inspection visit took place on 21/01/2026

Service Information:

Operated by:	Hawthorn Court Care Ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for mental health
Registered places:	24
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:

Hawthorn Court is in Sketty, Swansea, close to shops and other community facilities. The home provides a good quality service which promotes people's health and well-being. Care staff treat people with respect and cater for their physical and emotional needs. These are accurately reflected within a range of risk assessments and personal plans.

People live in a suitable environment. There have been many internal and external upgrades, which have improved the safety and appearance of the building.

The manager prioritises people's safety and well-being in the running of the home and promotes a strong sense of teamwork. This motivates staff and positively influences practice. The manager and staff team have a good network of support. The Responsible Individual (RI) supervises the management of the service effectively and drives continuous improvement.

Findings:



Well-being

Good

The service supports people to keep healthy. Care staff provide the appropriate level of care and support, as outlined within personal plans. People benefit from their regular and 'as required' medication, which is managed safely. Care staff encourage people to eat and drink well. They receive varied, nutritious meals and regular drinks and snacks. One person said, *"They do feed you well. I've always got a drink, and they tell me to eat up"*. Medical and specialist advice is sought when there are changes to people's health. The manager advocates for people in crisis situations, ensuring they receive the required protection and support, with input from multi-disciplinary teams.

People have control over their lives. Care staff support people's routines and actively promote choice and independence. One person told us, *"Oh, we're all happy here!"*. People choose where and how to spend their time and have influence over the décor and furnishings. Personal plans reflect what is important to people, although their views need to be captured during reviews. The manager has arranged afternoon tea with the community dementia hub, so people and their representatives can receive information and support about living with dementia.

The service organises activities and events which promote people's well-being. We saw people watching films and taking part in lively sing-alongs with care staff. However, records show that people experience a limited range of activities. People, staff and relatives also told us they would like more structured activities and regular trips out. The manager plans to enhance the programme of activities and help people connect with community clubs. The development of the rear garden will also allow people to enjoy the outdoors, particularly during warmer weather. Staff have created special memories for some people by fulfilling their wishes. The manager wants to expand on this by routinely planning for, reviewing and celebrating personal goals.

The service deals with incidents and concerns appropriately. Staff complete safeguarding training and reflect on safeguarding matters during all supervision meetings. People told us, *"I do feel safe with staff; they're all lovely"* and *"Carers are very good. I know them so well"*. Relatives also feel confident their loved ones are safe and well cared for. They said, *"It's obvious he's safe there"* and *"I find it a great place. Staff are good with my mother, very caring"*. Recent environmental upgrades have improved the security of the building and reduced people's exposure to hazards. The manager works openly with safeguarding and commissioning teams to implement safeguards and shares learning with the staff team to improve practice. Deprivation of Liberty Safeguards (DoLS) procedures are also followed to ensure people do not face unlawful restrictive practices. However, authorised restrictions and attached conditions could be better reflected within personal plans.



Care & Support

Good

The manager completes assessments to determine whether the service is suitable for people before they move in. These assessments consider a range of information, including feedback from key professionals and a review of existing assessments and support plans. We found care records to contain a good level of detail regarding people's backgrounds, care preferences and routines. This information gives care staff insight into who people are and how they would like to be supported. Welsh language and other communication needs are also assessed and catered for.

The manager and staff team respect people as individuals and anticipate their physical and emotional needs well. We saw people respond very positively to their gentle, dignified approach to care. Care records accurately reflect people's current care and support needs, although the strategies for managing identified risks could be incorporated into personal plans more clearly. When there are new concerns about people's health and well-being, care staff promptly request and follow medical advice. Daily records show that care staff support people in accordance with personal plans. However, the management team is working with care staff to address some inconsistencies in record-keeping.

People receive appropriate support with their medication. The service has a detailed medication policy that aligns to current legislation and guidance. Medicines are stored securely and access is restricted to staff with medication responsibilities. Staff are required to complete medication training and undergo refreshers and competency assessments at least annually. We saw that staff maintain clear, accurate records regarding medication administration. Staff give people the time and encouragement they need to take their regular medicines. They also offer 'as required' medicines at appropriate times to promote their comfort and well-being.

The service promotes good hygiene practices to reduce infection risks. Domestic staff carry out general and deep cleaning tasks systematically and have access to a good supply of cleaning products and equipment. We observed private and communal rooms to be clean and tidy, although noted large gaps in cleaning records. The manager has introduced an additional cleaning schedule which includes bathroom facilities and will monitor record-keeping closely. Records confirm that all staff complete infection control training. The service was awarded a food hygiene rating of 4 (good) in February 2025.



Environment

Good

The security of the building has improved to promote people's safety. Keypad and alarm systems have been enhanced, with input from the Local Authority safeguarding team. Electrical concerns have also been addressed, as recommended by the fire service. The management team is awaiting the report following an independent fire risk assessment, so any further recommendations can be acted upon. Fire safety equipment is routinely inspected, and regular fire drills are carried out. We saw that personal emergency evacuation plans (PEEPs) are easily accessible. The service shares a maintenance officer with two of the provider's other services, although the manager told us repairs and maintenance requests are responded to in good time.

There has been significant investment in internal and external areas since the last inspection. External walls have been freshly painted, which has improved the building's appearance. We observed new flooring throughout the lounge, hallway and dining areas. New furniture has also been purchased, including armchairs and dining tables. Storage rooms and hallways have been decluttered, and equipment and other items are being stored appropriately. This helps ensure people are not exposed to hazards as they move around their home. The manager told us work is underway to clear the attic, as recommended by the fire service. Surplus damaged furniture is also being disposed of in stages, which will create further space within communal rooms. New windows have been ordered for the conservatory, dining room and some bedrooms.

The accessibility and appearance of the rear garden have significantly improved. A new patio has been laid to lower and upper areas, creating a level surface for people to safely mobilise on. Railings have also been installed to the upper level, and a new gate has been ordered. The garden has some features of interest, such as a pergola, gravel borders, flowerpots and raised planters. The manager is planning a garden party for when the weather improves.

The home is decorated and furnished to meet people's needs and preferences. For example, bedrooms are laid out to support individual routines and safety equipment is in place, as required. Bedrooms are being redecorated, with people choosing the colour of soft furnishings and feature walls. The paintwork in hallways has also been refreshed. There are plans to create a more homely feel by adding some colour, panelling and dementia-friendly features to the walls and doors. The management team is consulting with fire officers to create a safe space in an open plan area of the first floor, which people can use to relax with visitors or enjoy some leisure activities.



Leadership & Management

Good

The service has good leadership and management. The manager is a very effective leader who demonstrates person-centred values when providing support and directing staff. The manager works openly and collaboratively with other agencies and professionals, to ensure people receive a safe, effective service. The staff team has been introduced to a new Operations Manager, who provides additional oversight and support to the manager. The management team is working to improve inconsistencies in practice and embed a positive working culture across the team. The RI is transparent when assessing standards and identifying areas for improvement following formal visits and quality-of-care reviews. The RI obtains an accurate picture of how the service is performing by gathering feedback from people, staff and other stakeholders, observing care practices and reviewing systems of audit and administration. Where required, the RI ensures the service receives additional resources to drive forward improvements.

The service reviews and adjusts staffing levels to ensure people receive timely care and appropriate supervision. A dependency tool helps determine safe staffing levels, with extra shifts being planned to accommodate increases in occupancy. The manager and deputy manager are allocated some supernumerary hours and can cover staff shortages if required. Staff absences are also covered by other team members, or agency workers who are familiar to the home. We found staff to be visible and attentive to people's needs, working together during peak times to minimise risks. One person said, *"I use my call bell only when I need to and they come. It's all good here"*. Staff go through an appropriate recruitment and vetting process before being employed. Records show that Disclosure and Barring Service (DBS) updates are monitored annually, or checks renewed every three years.

Staff are well prepared for their roles. They are supported to register with Social Care Wales and complete a range of relevant training, as outlined in the service's statement of purpose. This is a key document that explains how the service will achieve its aims and objectives. Staff told us they feel well supported by the management team and described their learning and development opportunities as 'excellent'. Feedback we received includes *"Very approachable manager and deputy, can phone either one and always there to help"* and *'Management are always there to support and encourage us'*. The management team holds regular meetings to reinforce expected standards of practice and to share information and updates. Records confirm that staff regularly receive formal, individual supervision plus annual appraisals; these provide opportunities for them to reflect on their own performance and development.

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.

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