Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Brynmawr Care Village

2 Intermediate Road, Brynmawr, Ebbw Vale, NP23 4SF

01495314912

www.carongroup.wales

Date(s) of inspection visit(s): The inspection visits for this service took place between 15/09/2025 and 16/09/2025

Service Information:

Operated by:	Brynmawr Care Village Ltd
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with nursing, Care home for adults - with personal care, Provision for learning disability
Registered places:	120
Main language(s):	Welsh and 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:

Brynmawr Care Village is in the small market town of Brynmawr on the edge of the Brecon Beacons National Park and is within walking distance of the town centre which has a range of community facilities. The service provides accommodation and nurse led care for adults predominantly over the age of 50.

People's wellbeing and the care and support they receive is good. People can make everyday choices and are given opportunities to take part in activities. A good standard of care is provided, and people are treated with dignity and respect. Personal plans detail how people like their needs met and are reviewed regularly.

The environment people live in is good. The investment in the renovation of the whole service is ongoing. There is a variety of spaces available for people to choose to spend alone or time with others. Accessible outdoor space is available when the weather is warm.

The leadership and management of the service is good because quality assurance systems are effective. Care staff are safely recruited, supported, receive training and are knowledgeable about the people they support.

Findings:

Well-being — Good

People are encouraged and assisted by care staff to be as healthy as they can be. People's likes and dislikes, allergies and specialist diets are known. The service assesses people's care and support needs and any associated risks to their health and well-being. These are documented in personal plans, providing guidance for staff on how to support individuals with their needs. There is clinical oversight and monitoring of people's physical health. There are systems in place for receiving, storing and administering medications safely. Care staff know the people they are supporting well and seek medical assistance quickly when required.

People are encouraged to have control over their day to day lives where possible and make as many everyday choices as they can including, for example where to and how to spend their day, food and drink options. Plans are person centred, include comprehensive social histories, likes, dislikes and preferences. They contain some personal goals and outcomes for people and how these can be achieved, giving people more control over their life choices. Residents' meetings are held on a regular basis giving people a voice and the ability to contribute to how the service is delivered. Relative and representative meetings are also held for their views and opinions of service delivery to be taken on board.

People or their representatives are offered the opportunity to be involved in the review of care plans. There is a programme of activities for people to take part in each day. We saw activities are varied and include celebrating themed events, quizzes, games and visits from singers and entertainers. Opportunities to visit the local area, and wider community visits are planned. Relatives and friends are welcome to join in with activities at the service and can visit when they wish. People are encouraged to share ideas of things they would like to do and wellbeing co-ordinators support people to try and facilitate this.

There are systems in place to help protect people from abuse and harm. Risks to people are assessed and their safety is managed and monitored. Accidents and incidents are recorded and monitored, with actions taken to minimise further occurrence. The provider has a safeguarding policy and guidelines for staff to follow. Where there are necessary restrictions made in people's best interests to manage their safety; these appear proportionate.

Observations of people's mealtime experiences were completed as part of the inspection. We found mealtimes were not consistently engaging or stimulating experience for people. In one unit we saw interactions between some people and staff were brief and incidental, however in another unit we saw people being supported with patience, warmth and encouragement.

The service provider is continuing to invest in the property to enhance people's wellbeing. There is an ongoing schedule of works to ensure all three units are to the same high standard. There is a range of systems to help mitigate risks to the health and safety of people at the service. The service promotes hygienic practices and effectively manages infection prevention and control procedures. Individuals' rooms are personalised with their belongings on display which promotes belonging. Suitable mobility aids are in place to help people where needed.

Care & Support — Good

During our inspection we saw plenty of warm interactions between people and care staff. It is clear staff know people well and work hard to support people to have enjoyable experiences most days. Visiting families told us "*Staff are lovely*" and that their loved ones are well supported. The level of engagement and interaction from staff was variable from unit to unit. We saw examples where people required their needs identified or anticipated on their behalf and care staff did so respectfully. However, this level of care was not provided by all staff. In contrast some staff interactions were seen to be task orientated with minimal communication or reassurance provided to the person they were supporting. Following our inspection, we were told staff skill mix and deployment across the three units was being reviewed to ensure everyone receives the same standard of care.

An assessment is completed before people move into the service to ensure people's needs can be met. This pre-assessment leads to the development of bespoke personal plans. These set out how care staff can support people in areas they need assistance as well as people's preferences around how they receive care. Risk assessments highlight individual vulnerabilities and contain information on how to keep them safe. Personal plans include social histories, identify individual likes, dislikes and wishes, ensuring the persons voice is central to the care provided to them. Personal plans are reviewed regularly to ensure they remain up to date, people receiving care or their representatives are given the opportunity to be involved in reviews.

People's liberty is protected in line with legislation. If restrictions are needed in order to keep people safe, the service ensures correct processes are followed and Deprivation of Liberty Safeguard (DoLS) authorisations are sought.

Appropriate referrals to health and social care professionals are made with recommendations acted upon by the service. People's health is monitored to enable the service to act responsively to any change in their needs. There are systems for monitoring people's nutritional needs and weight. We saw most daily records accurately describe the care and support. There are effective medication management systems in place. We saw medication is securely stored and it can only be accessed by authorised personnel. Electronic Medication administration record (MAR) are completed correctly confirming people receive their medication at the right time. The local health board pharmacy team had visited the service earlier in the year and produced a report outlining their findings and remedial work required, we were informed all actions had been completed within required timeframe.

This service is making a significant effort to promote the use of the Welsh language and culture. Pre-admission assessments include language needs; Welsh culture is celebrated, Welsh is visible throughout the service and key documents can be provided in Welsh.

Environment

Good

The premises, facilities and equipment are suitable for the provision of the service. The location, design and size of the premises are as described in the statement of purpose. The service provider continues to invest in ongoing renovations and updating of the environment. Accommodation is provided across three separate units. Two units have now been renovated and the change to the physical environment has made a positive impact on people's quality of life and wellbeing. There is a schedule of works in place to renovate the third unit to a similar standard. All units have access to usable outside space, with garden furniture, decorations and ornaments, providing people the opportunity to sit out in warmer weather.

There is an airy, inviting and calm atmosphere in the renovated units which will be replicated in the third unit to be renovated. Within each unit there is access to a range of communal spaces where people can choose to be in the company of others, engage in activities or spend time on their own. There are notice boards located throughout the units displaying available activities and forthcoming events. One unit has a fully operational sensory room. We observed lounges being used at different times throughout the inspection, some being used for visiting performers and internal activities including a sing along, others were quieter in nature with visiting families spending time with their loved ones.

There are sufficient toilet and bathing facilities available. Adapted bathrooms improve people's accessibility. People have their own rooms, which are clean and personalised to their own taste. People have family photos, cards and trinkets in their rooms, which gives a homely feel to their surroundings. Corridors in the renovated units have bi-lingual signage and images to aid orientation.

People live in a safe environment, with safety checks being conducted on a regular basis to identify and mitigate risks to health and safety. Arrangements are in place to ensure the environment is clean. There are maintenance and repair arrangements in place. Maintenance records confirm the routine testing of utilities and equipment such as hoists, slings and lifts. Fire safety tests and checks are completed on a regular basis. Personal emergency evacuation plans are in place and accessible in the event of an emergency. There is a dedicated team to undertake general repairs and routine maintenance checks.

We found cleaning regimes and standards of hygiene throughout the home to be good, and laundry duties are being maintained. The service employs a team of domestic staff to maintain the standards in the home. All staff have access to personal protective equipment (PPE). The service had been inspected by the Food Standards Agency and had been given a rating of 3, demonstrating hygiene standards are generally satisfactory.

Leadership & Management — Good

Governance arrangements support the day-to-day operation of the service to ensure continued quality care and support, helping people achieve their wellbeing outcomes. The Statement of Purpose (SoP) and guide to services state what people can expect whilst living there, and the service reflects the contents. The service is currently managed on a day-to-day basis by an interim manager with oversight from the Head of Region, whilst the provider completes the recruitment process for a permanent registered manager. The interim manager is supported by a team of unit managers and senior nurses. The Responsible Individual (RI) has oversight of the management of the service, through effective audit processes. They visit the service regularly to speak with people and the staff who support them to gain feedback about how people are doing. Quality of care reports are completed every six months. The reports evidence which areas are working well and what could be improved. There is comprehensive monitoring of people's health. There are good processes in place to ensure accidents and incidents are recorded and any required actions are taken. Complaints received are investigated and outcomes shared, compliments have been received from family members and visiting professionals.

There are robust processes in place to ensure safe recruitment. All staff must provide appropriate identification documents as well as complete a Disclosure and Barring Service (DBS) check, provide satisfactory references and full employment history. This enables the service provider to decide about the fitness of workers at the service. Care and clinical staff are supported to complete a robust induction to support them into their caring role. This includes completing mandatory training to ensure staff have the required knowledge and skills to support people at the service.

All care staff and nurses receive regular supervision with their manger. Supervision sessions follow a template to ensure consistency for all staff and includes staff welfare, training and work performance as well as feedback from the manager. All staff also receive an annual appraisal. Staff training records indicate support staff have access to a variety of training opportunities, and complete refresher training in a timely manner. All care staff have completed or working towards completing formal qualifications and are all registered with Social Care Wales, the workforce regulator. All clinical staff are registered with the Nursing and Midwifery Council. There are a range of team meetings for different departments at the service, and any service updates are shared with staff.

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.

Mae’r adroddiad hwn hefyd ar gael yn Gymraeg

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