Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Ty Mawr

Neath

01792326820

The inspection visit took place on 20/03/2026

Service Information:

Operated by:	National Autistic Society
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for learning disability
Registered places:	4
Main language(s):	English
Promotion of Welsh language and culture:	The provider is not promoting the Welsh language and culture needs of people, and this requires improvement.

Ratings:

Well-being	Requires Significant Improvement
Care & Support	Requires Significant Improvement
Environment	Good
Leadership & Management	Requires Significant Improvement

Summary:

Ty Mawr is a care service based in Neath which provides care and support to people. It has easy access to many community facilities including shops, supermarkets and country parks.

The well-being outcomes of people living in Ty Mawr requires significant improvement. Improvements are needed with the range and frequency of activities offered to people to ensure they have the opportunity to do the things they enjoy.

Care and support requires significant improvement as it is not consistently provided in a way which protects, promotes and maintains the safety and well-being of individuals. People's personal plans and daily records are incomplete, making it difficult to track progress or evidence positive outcomes. We have issued a Priority Action Notice and the provider must take immediate action to address this.

The environment is good. Routine health and safety checks are completed and there is an agreed plan for refurbishment in place.

Leadership and management requires significant improvement. Staff supervision, appraisal and

training compliance need strengthening. We have issued a Priority Action Notice and the provider must take immediate action to address this.

The Responsible Individual (RI) has acknowledged the areas where improvements are required and is committed to taking the necessary action to remedy these. At the time of the inspection, the provider had identified improvements required and was addressing shortfalls. Time is required for any improvements to take effect.

Findings:

Well-being

Requires Significant Improvement

The well-being of people using the service requires significant improvement. People are not fully supported to live healthily and safely with control over their lives as opportunities for people to experience meaningful activities or community engagement are limited. Records seen during our visit show people had limited opportunities to build independence and support their well-being, which did not align with their assessed needs. A wider range of activities need to be offered to people to enrich their experiences and have opportunities to do the things they enjoy.

Overall, systems are in place to safeguard people from harm and abuse. All care staff complete a mandatory induction, and further training is provided; however, compliance with required training is inconsistent and requires improvement. Appropriate policies and procedures are available to support the day-to-day running of the service. Staff spoken with have a good understanding of their safeguarding responsibilities and are aware of how to raise concerns. However, due to frequent changes in leadership, staff reported a lack of confidence that concerns would be managed appropriately. Staff also raised concerns regarding staffing skill levels, stating there were not always sufficient staff to support people safely into the community. This was discussed with the manager, who confirmed that reviews of staffing levels and recruitment of additional staff is ongoing.

People are not consistently supported to develop and maintain safe and healthy relationships. During the inspection, we identified gaps, inaccuracies and inconsistencies in people's daily records, which made it difficult to evidence positive outcomes or effectively monitor well-being. Opportunities for regular and meaningful activity are limited, adversely impacting people's physical health, emotional well-being and overall quality of life. Improvements are required to ensure people have consistent access to meaningful activities, community engagement and outdoor opportunities, in line with their assessed needs and personal outcomes.

People live in accommodation that overall supports their well-being outcomes. Personal and communal areas observed during the inspection were clean and well maintained. People's bedrooms were personalised and provided appropriate levels of privacy. However, improvements are required in relation to communication tools within people's personal spaces, as some resources in place are not required or meaningfully used. This was discussed with the manager, who confirmed plans to review and adapt communication tools to ensure they are person-centred, appropriate and reflective of people's assessed communication needs.

Care & Support

Requires Significant Improvement

Care and support requires significant improvement, as it is not consistently delivered in a way that protects, promotes and maintains people's safety and well-being. During the inspection, we reviewed people's personal plans and saw they were incomplete or contained insufficient detail, compromising staff's ability to provide effective and consistent care. Personal plans are not reviewed regularly or within required regulatory timescales. Staff spoken with were unable to clearly identify where the most up-to-date personal plans could be accessed. We did not see consistent evidence of people and/or their representatives being involved in the review of personal plans. However, a relative spoken with told us they received regular updates about their family member's care. The inconsistencies and incomplete information in people's personal plans pose a risk that people do not consistently receive the quality of care and support required to achieve their personal outcomes.

People experience significant shortfalls in the delivery of quality care. Daily records seen during the inspection show people have limited access to the community and a narrow range of activities offered to them. We saw daily records are incomplete, inaccurately recorded or lack sufficient detail about people's days, making it difficult to monitor care delivery and outcomes. This gap in documentation compromises accountability and continuity of care. Outcomes for people require significant improvement because there is a risk that personal care needs will not be met sufficiently or on time and current shortfalls in care delivery are increasing risk to people's safety and wellbeing. We have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Systems to ensure the safe storage and administration of medication requires improvement as prescribed in accordance with national guidelines and the service provider's medication policy. Whilst we saw medication administration records completed accurately and temperature records are completed daily; medication storage requires improvement to ensure it is safe and secure. Agreed guidelines in place are not reviewed frequently. Outcomes for people may be compromised as a result of the unsafe storage of medication and inconsistent review of guidelines, and this requires improvement.

People are not always protected as much as possible from the risk of infection. Whilst care staff are provided with training in infection prevention and control, compliance in this area is low. However, during the inspection the home presented as clean, tidy and clutter free. The service has an infection control policy in place.

Environment — Good

The environment overall is good and meets people's well-being outcomes. Communal and personal spaces overall meet people's needs by promoting independence and offering opportunities for private meetings, activities, and recreation. During our visit, we observed people's personal areas to be clean and overall are personalised according to their needs, however some spaces would benefit from further personalisation, particularly regarding people's communication needs. We saw people relaxing in communal areas and making use of these spaces as they wish. The manager discussed with us plans to further personalise these areas to benefit people. The service has a very large, inviting, enclosed, secure outdoor area that offer people a safe space to access. We saw people can access this area as they please and there is garden furniture available for people to use. The space would benefit from further development and additional garden furniture. There is an office where confidential information can be kept securely. Laundry facilities are kept in a separate area and away from food preparation areas. We saw appropriate storage for control of substances hazardous to health (COSHH). These are kept in a designated locked area and corresponding safety data sheets are available.

People are kept safe through effective security measures, including a secure entry system and a visitors' book. Identity checks are carried out for all visitors. The service provides appropriate accommodation for people living, working and visiting the home. Discussion with the manager demonstrates a clear commitment to ongoing development and improvement for the benefit of those living there.

The provider has systems in place to maintain and manage the accommodation and make required adjustments to meet people's needs. However, improvements are required to the communal and personal spaces and the manager discussed with us ongoing refurbishment and renovation plans. We saw evidence of some of this work completed. The service has recently been inspected by the food standards agency and awarded a food safety rating of 3 (Generally Satisfactory). The manager discussed with us improvements underway to improve food safety. All equipment and facilities are regularly inspected, serviced, and tested. External contractors are commissioned to conduct specialist checks, such as gas and electrical safety. Routine health and safety checks such as water temperatures and fire safety checks are completed by staff. A fire evacuation drill has not been recorded for some time, and we discussed with the manager the need for a fire drill to be completed imminently.

Leadership & Management

Requires Significant Improvement

Leadership and management of the service requires significant improvement. There is inadequate governance and oversight, resulting in inconsistent standards of care and compromised outcomes for people. At the time of the inspection, the provider had identified necessary areas for improvement and had begun to address the identified shortfalls. A period of time will be required for these measures to be fully implemented and their effectiveness demonstrated.

Quality monitoring systems are not sufficiently robust to ensure the consistent delivery of safe and effective care and support. As a result, people's well-being outcomes are compromised. Staff do not always feel adequately supported in their roles, which adversely affects the quality of care provided. Roles, responsibilities, and accountability arrangements within the service are unclear, and staff do not routinely receive constructive feedback on their performance.

During the inspection, staff meetings were found to be infrequent and poorly attended. Staff meeting minutes are brief and do not evidence staff are given the opportunity to raise any agenda topics. Supervision and appraisal arrangements are not completed within regulatory timescales or in accordance with the National Autistic Society's policy. Staff confirmed they do not receive regular supervision or appraisal, and they had not had a recent team meeting. They told us if they have any concerns they would report these, however due to frequent management changes they are not confident concerns raised would be acted upon. Staff spoken with told us, *"If I have any issues, I report it but most the time they don't see it through", "we haven't had a team meeting since before Christmas. We have so many ideas we want to put forward but can't"* and *"the change of management has been tough, and we are looking forward to a new manager starting."* Despite the changes in management and inconsistent support, staff spoken with are positive, passionate and dedicated to providing high quality care and support to people.

People are not consistently supported by staff with the necessary expertise, skills and qualifications to meet people's care and support needs. Staff training compliance is low in a number of areas, meaning staff may not possess the necessary skills and knowledge to provide adequate and sufficient care, compromising people's well-being outcomes. Outcomes for people require significant improvement because of insufficient staff support from management and inconsistent management resulting in peoples care, support and well-being being compromised. We have therefore issued a Priority Action Notice. The provider must take immediate action to address this issue. Sustained action is required to establish stable leadership, improve governance, ensure compliance with regulatory requirements, and create a supportive and accountable culture for 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.

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
People's safety and wellbeing is compromised as medication is not consistently stored within regulatory guidelines. Medication guidelines are not regularly reviewed. The service provider must ensure medication is stored safely and medication guidelines are reviewed within regulatory timeframes to minimise the risk of harm to people as far as possible.	20/03/26

Summary of areas for Priority Action	Date identified
People are at risk of harm as they are not receiving care and support in line with their assessed needs, personal outcomes and preferences. The service provider must ensure Care and Support is provided in a way that protects, promotes and maintains the safety and well-being of individuals.	20/03/26
People are at risk of harm because of inconsistent management and insufficient staff support which compromises their well-being outcomes. The provider must ensure the service is provided with sufficient care, competence and skill, having regard to the Statement Of Purpose.	20/03/26

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