Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Breaksea Care Home

Breaksea Residential Home, The Square, Porthcawl, CF36 3BW

01656771022

The inspection visits for this service took place between 01/06/2026 and 02/06/2026

Service Information:

Operated by:	breaksea residential homes ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for learning disability, Provision for mental health
Registered places:	32
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	Requires Improvement
Leadership & Management	Requires Improvement

Summary:

Breaksea Care Home is situated in the town of Porthcawl, offering easy access to the seafront and a range of local community facilities.

People residing at the home experience positive well-being outcomes. Feedback indicates people benefit from strong, supportive relationships with care staff. Staff demonstrate a good understanding of the people they support, including their preferences, personal priorities, and the most effective approaches to delivering care. People are provided opportunities to participate in a variety of meaningful activities and are supported to maintain contact with family and friends.

The quality of care and support provided at Breaksea is good. Each person has a personal plan in place which outlines their care needs and any associated risks. Medication is administered in accordance with prescribed guidance, and people are supported to meet their healthcare needs. There is appropriate access to healthcare professionals when required.

The environment requires significant improvement. At the previous inspection, a Priority Action Notice was issued due to serious concerns identified at that time. These issues have not yet been fully resolved, and therefore this area of non-compliance remains open. Further monitoring and

assessment will be undertaken in the coming months.

Leadership and management at Breaksea require improvement. While some progress has been made since the last inspection, arrangements for monitoring, review, and continuous improvement are not yet sufficiently robust to ensure full compliance with regulatory requirements.

Findings:

Well-being — Good

People are supported to exercise choice and maintain as much control as possible over their day-to-day lives. People told us they are able to go to bed and get up at times that suit them. They can choose what they eat and drink, as well as where they spend their time, whether in communal areas or in the privacy of their own rooms. A range of activities is available for those who wish to participate, organised by a dedicated activities coordinator. During the inspection, we observed a group of people actively engaged in a quiz. A schedule of activities is in place, and information is also provided about opportunities available within the local community.

People are treated with dignity and respect. Care staff are warm, attentive, and demonstrate a caring approach in their interactions. We observed positive and respectful engagement between staff and people throughout the inspection. People told us they have good relationships with care staff and enjoy living at the service. Relatives confirmed they are able to visit at times that suit them and are consistently made to feel welcome.

We identified a number of environmental issues that the provider is expected to address without delay. However, at the time of this inspection, we were unable to evidence any negative impact on people's well-being arising from these concerns. People reported feeling safe, secure and comfortable within the home.

Measures are in place to help ensure people are kept safe. Robust recruitment processes are followed to ensure care staff are suitable for their roles. Staff receive safeguarding training and demonstrate an understanding of the procedures for reporting concerns. Care plans and risk assessments provide guidance on how to support people safely. Incidents and accidents are recorded and, where appropriate, reported to relevant agencies. Medication is stored securely and administered in line with prescribed guidance.

Care & Support — Good

People receive a good standard of care and support at the service. A person-centred approach to care planning is adopted, ensuring people remain at the heart of the care and support they receive. Personal plans and risk assessments are generally clear; however, some risk assessments would benefit from further development to include more detailed guidance for staff on how to respond should a risk materialise. The management team has provided assurance that this will be addressed. Feedback from people using the service was consistently positive, with people speaking highly of the care staff. One person commented, "*The staff are wonderful; all of them are very nice and take time to talk to you. I get on with them very well."* Another person told us, *"The staff are very good, all approachable and very kind."* We also spoke to relatives who were visiting at the time of the inspection. No concerns were raised, and feedback was equally positive. Throughout the inspection, we observed warm and respectful interactions between staff and people. Care staff responded promptly to requests and communicated in a friendly, supportive manner, demonstrating a caring and responsive approach.

People are supported to maintain good health and have appropriate access to health and social care professionals. The service benefits from a low staff turnover, which enables care staff to develop a good understanding of the people they support. This continuity of care allows care staff to recognise any changes in people's presentation and seek timely advice from relevant professionals. Records demonstrate appointments with health and social care professionals are consistently documented, along with any guidance or recommendations provided. This information is clearly reflected within personal plans to ensure care and support remains responsive and up to date.

Support is provided to people who have medication needs. This is underpinned by a clear medication policy and appropriate training for care staff. We observed medicines are stored securely and administered in accordance with prescribers' instructions. However, we identified records relating to 'as required' (PRN) medication were not consistently maintained in line with best practice guidance. This was discussed with the manager, who provided assurance that improvements would be implemented to address this issue.

Infection prevention and control measures are in place to protect people from the risk of cross-contamination. Care staff receive relevant training and use personal protective equipment (PPE) in accordance with current guidance. The service is supported by an infection control policy, and regular audits are undertaken to monitor practice.

Environment

Requires Improvement

Breaksea Care Home provides accommodation for up to 32 people. A range of communal areas, including a lounge and conservatory, are available for people to access at their convenience. Bedrooms are of an adequate size and are personalised to reflect individual preferences. The environment is clean with dedicated domestic staff present daily to ensure appropriate standards of cleanliness and hygiene are upheld. Laundry facilities are sufficient for the size of the service, and appropriate infection prevention and control processes are in place. The kitchen has been awarded a rating of four by the Food Standards Agency, indicating standards of cleanliness and hygiene are good.

At the previous inspection, a Priority Action Notice was issued due to significant concerns identified within the environment, including issues relating to the heating and hot water system. At this inspection, we were informed further work is required to ensure the system is fully repaired, with completion expected in the coming months. Additional environmental concerns were identified during this inspection. These included flooring requiring replacement, damaged furniture in both communal areas and people's bedrooms, insufficient storage provision, and restricted areas that had been left unsecured. We also observed items of equipment that were damaged and not fit for use, as well as damaged furniture within the garden area. In light of these ongoing concerns, a further Priority Action Notice has been issued. The provider is expected to address these matters as a matter of urgency to ensure that the environment, equipment, and facilities are safe and suitable for people to use.

Safety certification for utilities, including gas and electricity, as well as fire safety systems, is in place. A fire risk assessment is available; however, this requires review to ensure it remains current and reflective of the environment. Regular fire drills are undertaken, and people have personal emergency evacuation plans (PEEPs) in place. These plans provide staff with guidance on how best to support people in the event of an emergency.

All visitors to the home are required to sign in upon arrival and sign out on departure. This process is in place to help maintain security and prevent unauthorised access to the premises.

Leadership & Management Requires Improvement

People are supported by sufficient numbers of care staff who are appropriately trained and supported in their roles. On the day of the inspection, staffing levels were in line with the service's target staffing requirements. Care staff reported the training provided is of a good standard, and training records reviewed indicate most staff are up to date with mandatory training requirements and hold a recognised qualification in health and social care. Records relating to supervision and appraisal confirm staff receive appropriate levels of formal support. Feedback from care staff was positive. Comments included, *"The manager is great; they are very supportive and approachable,"* and *"We couldn't have a better manager. Team morale here is very good, and we all get along very well."*

Care staff are recruited safely to ensure they are suitable to work with vulnerable people. We found the service completes all required pre-employment checks, including obtaining references from previous employers, verifying employment history, and undertaking Disclosure and Barring Service (DBS) checks. We also saw evidence care staff are registered with Social Care Wales, the workforce regulator. This is a legal requirement and provides assurance that staff have the appropriate skills, knowledge, and professional standards required to work within the care sector.

At the previous inspection, a Priority Action Notice was issued due to ineffective arrangements for monitoring, reviewing, and improving the quality of care and support provided at the service. While some progress has been made, we found that issues remain. The Responsible Individual (RI) is visible within the service and engages regularly with people, staff, and visitors. However, we were unable to find documented evidence of these interactions or how they are used to inform service improvements. The manager completes a range of monthly audits; however, these are not consistently subject to effective review. As a result, identified issues are not always addressed, and some concerns persist over time. Quality of care reviews are undertaken, but the reports lack sufficient detail regarding areas of good practice, areas for improvement, and analysis of significant events, including incidents and accidents within the home. We have identified this as an area requiring improvement and expect the provider to address these concerns by 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
We did not identify any impact on people due to a breach of this regulation. However, is is important that there are effective arrangements in place for monitoring, reviewing and improving the quality of care and support provided by the service.	01/06/26

Summary of areas for Priority Action	Date identified
We identified a moderate risk to people and staff due to a breach of this regulation. We expect the provider to implement the required actions to ensure the environment, it's facilities and equipment are safe for people to use.	26/11/25