Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Ty Dol

Ty Dol , Brighton Road , Gorseinon , SA4 4BN

08000461452

www.achievetogether.co.uk

The inspection visits for this service took place between 08/10/2026 and 21/10/2026

Service Information:

Operated by:	Achieve together Ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care and support for people with a physical disability, Care and support for people with mental health needs, Care and support for people living with dementia, Care and support for people with a learning disability
Registered places:	12
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:

Ty Dol is a care home providing person-centred support to adults enabling them to achieve their personal goals, maintain independence and lead meaningful lives. We found people experience good well-being and benefit from positive relationships with care staff. People told us they enjoy living at Ty Dol and spoke positively about the support they receive.

People receive good quality care and support. Personal plans are detailed and outcome focused and staff promote independence, positive risk taking and the least restrictive practice. Care staff understand their safeguarding responsibilities. Medication practices are good overall, and people receive medicines safely and as prescribed. Arrangements for maintaining appropriate medication room temperatures are under review following issues identified by the provider.

People live in a well-maintained and personalised environment that supports their well-being, privacy and independence. Communal and personal areas reflect people's preferences and achievements. Appropriate health and safety arrangements are in place.

There are effective leadership, governance and quality assurance arrangements. The manager is visible and approachable, and the Responsible Individual (RI) demonstrates good oversight. Recruitment is good and staff are positive about the training and support in place. Quality assurance processes are completed which help sustain the home's achievement of good ratings.

Findings:

Well-being — Good

People are supported to lead active and meaningful lives through community activities, outdoor pursuits, education, volunteering and work-related opportunities. People told us about day trips such as waterfall walks and reservoir visits. We saw lists that people tick off after they have completed a trip. This gives people a sense of achievement. We were told about an upcoming trip to 'St. Fagans Welsh Museum'. People are supported to achieve personal aspirations and goals including those related to personal health, education and voluntary work. Positive risk taking and independence are promoted, with some people progressing towards independent living. The service promotes Welsh culture and is actively working towards the Welsh Language Active Offer. Word of the week is something everyone enjoys contributing to. Staff told us, *"People are involved and included – it is about them".*

People are empowered to speak up and we saw interactions that indicate people trust the staff that support them. An open-door culture enables people to raise concerns and seek assistance when required. This is balanced with ensuring the office is a space for confidential discussions and sharing of information. Staff receive safeguarding training and understand their safeguarding and whistleblowing responsibilities. Safeguarding referrals are completed as required and records show effective follow-up and oversight. Accessible information is available to support people to raise concerns, including the "Your Home Your Voice" QR code. People have a say in their personal plans and reviews and the RI demonstrates good oversight by capturing people's voices when visiting the home.

People live in accommodation that enables them to be independent and achieve personal goals. People spoke positively about their home and support provided by staff. Bedrooms and personal living areas are individualised and reflect people's preferences. People's privacy is consistently respected by the team at Ty Dol and they ensure visitors also respect this. The team at Ty Dol put a lot of effort in updating the photographs on the display board in the hallway as well as scrap books and photos in the office and frames around the home. People enjoy seeing the updated photos and they further demonstrate the activities enjoyed. Photographs, displays and scrapbooks celebrate achievements and meaningful experiences.
People told us: *"I go out on my own and with my friends", "It's a lovely place to be"* and *"Staff are fabulous".*

Care & Support — Good

People receive good quality care and support and are enabled to set their own personal outcomes. Care documentation includes personal plans, risk assessments, records of professional and health appointments and a personal emergency evacuation plan. Personal plans contain detailed, person-centred information. Monthly keyworker reviews are outcome focused. We did note that some meeting records did not always specify that the person had been invited or specify a reason why they did not attend. The manager and RI agreed this is something they need to evidence better. Positive Behaviour Support (PS) plans promote proactive, least restrictive approaches, including de-escalation and distraction techniques. Daily care records are completed; however, the current format lacks the flexibility required. This has been identified through audits and is being reviewed by the provider.
Staff use their initiative with ideas for activities and have a flexible approach to meet people's requests for support with shopping, medication, providing reassurance and spending quality meaningful time with people. Positive professional feedback reflected the quality of support provided. We received/saw comments such as: *"They manage X's complex needs in a very good way… and interactions at all levels are always very good and meet the needs"* and *"I often get contact from senior management to check in with how the service is in terms of their delivery of care and person-centred approach."*
Staff feedback about care and support in place included: *"It's brilliant"* and *"Forensic mental health team are very good at supporting and in house specialist support/assessments are in place when we need them"* and *"It is person centred – we get on with everyone here".*

People receive medication in a person-centred manner and as prescribed. People are encouraged to maintain independence with their medication, and mental capacity assessments are in place where required. Medication administration records (MARs) are completed well. Quality assurance processes had identified concerns regarding the temperature of the medication storage area, particularly during warmer weather. The service is monitoring this issue, and we suggested discussing it further with the pharmacist. We noted that some medications, such as paracetamol, had been signed for, but the exact time of administration had not always been recorded. Instead, broader time periods such as "morning" or "lunch" were documented. The manager acknowledged this finding and confirmed during the inspection feedback meeting that specific administration times are now being recorded.

People's safety was maintained and risk of infection minimised. We saw Control of Substances Hazardous to Health (COSHH) products are securely stored. Cleaning products and personal protective equipment are readily accessible to staff in the same area.

Environment — Good

People live in a well-maintained environment that meets their needs. Certificates evidence checks are completed in line with health and safety requirements such as the Electrical Installation Certificate and fire safety certificate checks. A recent fire risk assessment identified *"No actions requiring immediate attention".* The provider also had a legionella risk assessment in place completed earlier this year and we were told the actions following this had been completed. The storage of refuse has been relocated to the front garden which means this is accessible for people to put their own refuse out for collection, however, it also means this is visible on approaching the front of the home. The RI and manager are aware and have considered how they might improve the appearance of this area.

People are enabled to personalise the environment at Ty Dol to make it their home. People's own living areas consisted of bedrooms, kitchenettes and bathrooms. People took great pride in showing us their living areas and told us how they contribute to decorating their own space and buying their own bedroom items and accessories. Communal areas are welcoming and reflect people's preferences and ideas including a new reading corner. The back garden is accessible. People are also involved with maintaining the garden such as painting the fence and weeding as required.

People are supported to be as independent as possible in Ty Dol. The laundry is accessed by people when they need to – this is done on an ad hoc basis and works well. There is no lift to the upper floor in Ty Dol but this does not impact on the people living there. Staff ensure people have their living areas in parts of the home that suit them according to their independence levels and preferences.

People's privacy and dignity are consistently respected. We saw people being asked if they would like to meet the inspector or have visitors when they arrived at the home. We saw when a delivery arrived and the person did not answer their door their package was left outside their door and a phone call made to inform them. Care staff ensure they gain permission before entering people's private living area.

Photos of events and day to day activities are in communal areas in the home and the office and great pride is taken with keeping these areas seasonal, up to date and reflective of the activities people participate in.

Leadership & Management — Good

People are supported to achieve their outcomes because there are effective organisational arrangements and clear governance arrangements at Ty Dol. The manager is visible, approachable and provides direct support within the service. Audits are completed and feed into quality assurance processes. The RI visits quarterly and their records reflect the views of people living in the home and their representatives with good oversight of personnel and care files.

The service provider ensures people, commissioners of care, regulatory bodies, agencies, and professionals receive accurate and accessible information about the service and it's delivery. Care Inspectorate Wales (CIW) receive the required notifications including updates to the Statement of Purpose (SoP). People have access to a service guide that is clear and user friendly. Policies seen were detailed, relevant and mostly up to date. The quality of care review report is comprehensive and particularly evidences how well people's outcomes are met. Consideration needs to be given to anonymising this report if it is to be made available to the public on request.

People are supported by safely recruited staff with the necessary expertise, skills, and qualifications. The provider has their own Human Resources (HR) department that ensures processes such as reference checks and exploring gaps in employment history are completed prior to staff commencing employment. We did note that whilst proof of identification is obtained this is not always verified with a birth certificate (as required by CIW). Professional registration with Social Care Wales and updated Disclosure and Barring Service checks (DBS) are also monitored by the organisation.
Training is provided, face to face and on-line. Staff feedback demonstrated they felt very well supported and have good or excellent opportunities for learning and development. We saw most staff have received required training such as Safeguarding and Health and Safety. This also applied to specific training including face to face Positive Behaviour Support training and Epilepsy awareness. Individual supervision is provided for most staff two monthly in line with the organisation's policy. Annual appraisals are also undertaken. Supervision records are detailed and focus on the staff member. Feedback from staff was very positive about the support from the manager. They told us how this can have an impact on the working environment, the team and the service provided to people, enabling them: *"To achieve their full potential and enjoy a good quality life"*. The manager was described as *"An incredibly good boss, kind, caring and fair"* and we were told *"They include people in any decisions"*. The RI is described as *"Completely accessible"* and the organisation as *"Really supportive"*. Staff told us about the organisations "S*taff member of the month scheme*" and the availability of well-being support if needed.

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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