Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Bevan College

Bridgend (Bevan) College, Cowbridge Road, Bridgend, CF31 3DF

01656 302315

Date(s) of inspection visit(s):

20/05/2025

Service Information:

Operated by:	Bevan College LTD
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for learning disability
Registered places:	32
Main language(s):	English
Promotion of Welsh language and culture:	The service provider is not meeting the Welsh language and culture needs of people and this requires improvement.

Ratings:

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

Summary:

Bevan College provides support for up to 32 people with additional learning needs and physical disabilities. Bevan College provides an education provision, within a designated education hub and is tailored to each person's learning and development needs. The service operates 38 weeks of the year and is reflective of college term times.

People's well-being outcomes are good. Care staff are warm, kind, and respectful. People engage in a range of recreational and activities which promote a positive sense of well-being. They are supported to be as independent as possible through skill building and learning tasks. Family members experiences are positive and feel their loved ones are safe.

The care and support provided is good overall. Care staff are experienced and have good knowledge and understanding of the people they are supporting. Assessments completed prior to people accessing the service are thorough and inform personal plans.

The environment is good and is suitable to meet people's needs. Communal areas are well-decorated, and people's bedrooms are personalised. Effective maintenance systems are in place to ensure the premises is in a good state of repair.

The leadership and Management of the service requires improvement. The Responsible Individual (RI) and manager are familiar with the service and committed to achieving positive well-being outcomes for people. However, quality assurance systems are not robust enough to identify areas within the service which require improvement to ensure people consistently achieve positive outcomes. We expect the provider to make improvements.

Findings:

Well-being — Good

People are supported with making decisions in their day-to-day lives. They are treated with dignity and respect, and we observed care staff communicating with people in methods suitable to their needs and understanding. People receive support to make informed choices, and weekly planners offer a range of meaningful activities which support social, emotional, and physical well-being. Weekly student meetings are held which provide people with a platform to voice their opinions and express their wishes on the daily running of the service. We saw photographs of people engaging in leisure activities such as meals out, attending the gym and beach walks. We also saw pictures of people engaging in activities within the service such as badminton, carnival games and yoga. The provider works closely with local emergency services and has a strong community presence through the attendance of service days.

Bevan College offers a 24-hour learning programme. Each person receives a tailored curriculum which focuses on their personal development and provides people with the skills to be as independent as possible.

People receive support to lead healthy lifestyles and are provided with a choice of balanced meals. Menu's ensure people's dietary requirements are considered and specific meals are made by kitchen staff if requested. People are supported with their health needs when necessary and the service provider works closely with families to attend any appointments. They are also supported with any specialist needs such as Speech and Language Therapy (SALT), Occupational Therapy (OT) and mobility needs.

The service provider works closely with family members and has good lines of communication. One family member told us; *"It's a lovely place and communication is excellent,"* and "*They have been amazing and have gone that extra mile."* Another family member told us; *"The care is very good and (person) has settled in well."*

There are safeguarding systems in place and information is available on how people can raise concerns. Care staff have a good understanding on how to raise safeguarding concerns and they receive suitable training to ensure people are kept safe. However, we found some inconsistencies in the recording and monitoring of safeguarding records which the provider is addressing.

Care & Support — Good

People have access to information on what the service has to offer, local services and education provided. The guide to the service has been visually formatted for people's needs and understanding and details a complaints procedure, safeguarding procedures, and information for advocacy services.

Information is gathered on admission from a variety of sources, including people themselves, their families, and their representatives. Assessments are thorough and identify how the provider will meet their care and support needs which enables them to achieve good well-being outcomes. Personal plans provide information about people's daily routines, and some guidance to care staff about how to meet people's needs. We found this information is limited at times, and the review process is not always clear. However, the care staff we spoke to had good knowledge of the people they are supporting and their care and support needs. Family members told us, they felt care staff understand their loved one's support needs and the care provided was good. Key worker reports are undertaken regularly which focus on people's well-being outcomes and detail their progress, goals, and aspirations. Annual review meetings take place alongside families, social workers and those supporting the student. They provide a good account of progress and areas which need to be developed to achieve positive well-being outcomes.

Risks are identified and information is provided on how to support people during identified risks and to keep them and care staff safe. Behaviour plans provide guidance to care staff on how to support people to maintain a positive sense of well-being. However, they are not always reviewed routinely, and it is unclear if the information provided is reflective of people's current needs. Daily routines are documented by care staff and include details of people's personal care routines, food diaries and recreational activities.

Medication systems are in place which ensure all medication is accounted for and stored safely when people attend the service. Care staff are suitably trained in the administration of medication and recording and monitoring records are completed consistently by care staff.

The service can provide a service in Welsh in-line with the 'Welsh Active Offer more than just words' framework if a person requests. A Welsh Speech and Language Therapist (SALT) is accessible through the college which ensures people's cultural needs are catered for.

Environment

Good

The service is welcoming, and well-designed to meet people's needs. There is a spacious communal area which is colourful, well-presented and provides enough seats where people can spend time. A smaller communal room was being decorated on the day of inspection and the room provided specialist equipment such as an interactive TV and an area where people can play games and socialise. The hallways had pictures of people engaging in recreational activities and colourful artwork throughout which provides a holistic feel. People's bedrooms are decorated to their own taste and photographs of family members and interests promote a sense of belonging. Bathrooms are clean, tidy, and adapted to support people to be as independent as possible with personal care. Personal Protective Equipment (PPE) is well stocked and readily available and hand washing items are available to promote good hygiene.

Sensory rooms provide a valuable space for people to spend time. They are well designed, and people have access to very high standard sensory equipment and technology to fulfil their sensory needs.

The kitchen and dining area provides large tables and chairs where people and care staff can sit and have meals together. Kitchen staff are responsible for making meals and the provider has a maximum score of five (very good) from the Food Standards Agency (FSA).

The garden area provides a holistic space with seating and a BBQ area where people can spend time enjoying the outdoor space on nicer days. There are planting areas outside where people grow fruits, vegetables and flowers and colourful artwork on the walls.

Health and safety risk assessments are in place and a good maintenance system is in place to ensure the premises is in a good state of repair. Fire safety checks are carried out routinely, and equipment is serviced regularly. A Fire risk assessment is regularly updated, and people have Personal Emergency and Evacuation Plan's (PEEP's) in place which provide guidance to care staff on how to support people during an emergency.

On arrival, the main door was secure and accessible through a fob system. Our identities were checked, and we were asked to sign a visitor's book.

Leadership & Management Requires Improvement

The RI undertakes monthly visits and is familiar with how the service operates. However, we found the systems for governance and oversight of the service have failed to identify issues with the quality of care systems, processes, and completion of records. Which has resulted in limited opportunities to identify and address any actions arising. A quality-of-care report is completed, although the analysis of information within the report and key areas falls short due to limited information. Additionally, the report does not highlight how the service can improve. Quality assurance systems are not robust enough to identify areas within the service which require improvement to ensure people consistently achieve positive outcomes and we expect the provider to make improvements.

People, family members and stakeholders are regularly consulted. Surveys are provided to people accessing the service and are provided in an 'easy read' format which is suitable to their needs and understanding. Family members are provided with survey's following a person leaving the service and we saw positive statements such as "*Just thank you from all of us; you can never underestimate the impact you have had on (person) and his life. Keep doing what you do."* and "*We could not be happier with our experience and our son's experience at Bevan College."*

Care staff and the manager told us they feel supported by the RI and receive regular supervision. Training needs are identified for care staff to fulfil their roles and responsibilities. Records indicate the majority of the care staff are compliant with their training. Team meetings are carried out monthly and provide a good account of updates, training needs and planned activities.

Care staff are experienced and have attained a qualification relevant to their role. All have registered with Social Care Wales (SCW) the workforce regulator. The management of the service ensure care and support levels for people are consistent and any shortfalls are covered by staff working overtime or by employed bank staff. No agency care staff are used in the service which promotes consistency with the support provided to people.

We saw effective recruitment and vetting checks for care staff to ensure they are safe to work with people. Disclosure Barring Service (DBS), identification and references are all undertaken prior to care staff starting employment. From the policies we reviewed they are reviewed regularly and are reflective of current national guidance.

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
Positive outcomes for people are at risk because quality assurance systems are not robust enough to identify areas within the service which require improvement.	19/05/25

CIW has not issued any Priority action notices following this inspection.