



Arolygiaeth Gofal  
**Cymru**  
Care Inspectorate  
**Wales**

## Inspection Report

### 78 Westwood Drive



Treharris



01443 414858

The inspection visit took place on 14/01/2026

### Service Information:

|                                          |                                                                                                              |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Operated by:                             | SWANTON CARE & COMMUNITY LIMITED                                                                             |
| Care Type:                               | Care Home Service<br>Adults Without Nursing                                                                  |
| Provision for:                           | Care home for adults - with personal care                                                                    |
| Registered places:                       | 1                                                                                                            |
| 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**

**Excellent**



**Care & Support**

**Excellent**



**Environment**

**Good**



**Leadership & Management**

**Excellent**

## Summary:

People living at 78 Westwood Drive experience excellent well-being outcomes, supported by care staff who promote informed decision-making and encourage people to maximise their independence. Activities are person-centred and provide opportunities for people to develop skills, build social connections, and remain actively involved in their community.

The quality of care and support is excellent. Care staff demonstrate a comprehensive understanding of people's needs and preferences and consistently deliver high-quality, person-centred support. Personal plans are detailed, accurate, and routinely reviewed in line with regulatory requirements to ensure they remain appropriate and effective.

Leadership and management arrangements are strong. Care staff report feeling well supported in their roles and benefit from ongoing training that helps them maintain high standards of practice. Governance systems are robust, with regular Responsible Individual (RI) visits and thorough quality-of-care reviews. Recruitment processes are safe and ensure all staff are suitably vetted and

appropriate to work with vulnerable people.

The environment is good, safe, accessible, and supports people's well-being. Both indoor and outdoor areas are well maintained, creating a comfortable and supportive living space. The home is appropriately furnished, decorated, and personalised to reflect people's individual preferences. Effective systems are in place to ensure environmental safety, including the upkeep of facilities and equipment.

## Findings:



### Well-being

**Excellent**

People are supported to make choices and to exercise control over their day-to-day lives. We observed people can decide where they spend their time, who they engage with, and which activities they participate in. Detailed activity plans are in place, outlining a wide range of opportunities tailored to people's interests, needs, and goals. Activities are facilitated both within the home and in the wider community, providing meaningful opportunities for people to develop skills, maintain daily routines, and participate actively in community life. In addition, the provider offers various opportunities for social engagement through forums, events celebrating people's achievements, and themed occasions such as summer barbecues, Halloween parties, and Christmas celebrations. These events support social interaction, promote inclusion, and enhance overall well-being.

Robust systems are in place to help protect people from harm. The service recruits staff safely, ensuring all relevant pre-employment checks are completed before staff begin work. Care staff receive ongoing training, including safeguarding training, so they have the knowledge and skills required to support people safely and effectively. The service identifies potential risks to both people and staff and develops proactive plans to manage these appropriately. People also receive clear information about how to raise concerns, which is provided in an easy-read version of the service user guide to support understanding and accessibility.

People are treated with dignity and respect and are supported to make everyday choices. During the inspection, we observed care staff engaging warmly with people, demonstrating kindness, patience, and positive regard. The service promotes independence and choice through proactive and positive risk management. People are encouraged to define their own goals and identify the outcomes they want to achieve. The service respects people's rights and supports them to make safe, informed decisions.

The environment at 78 Westwood Drive supports people's well-being. The home is personalised to reflect people's preference. Care staff have access to an office space where all confidential information is securely stored. The home is clean, well-maintained, and equipped with the necessary checks and servicing for utilities and equipment. A dedicated maintenance team is responsible for overseeing the upkeep of the property, ensuring the environment remains safe, comfortable and supportive of people's well-being.



People receive a consistently high standard of care and support. Personal plans are person-centred, clearly written, and tailored to individual needs and preferences. Comprehensive risk assessments are in place, focusing on enabling people to make informed choices while maintaining their safety. This proactive approach promotes independence, dignity, and personal control, ensuring care and support aligns with what matters most to people. Personal plans are reviewed regularly to ensure they remain current and responsive as people's needs change.

People receive support enabling them to remain as healthy as possible and to access appropriate care in a timely manner. Health needs are clearly documented within personal plans, and care staff demonstrate a strong understanding of individual diagnoses and the support required to meet these needs. The service works collaboratively with health and social care professionals, promptly reporting any concerns and acting on professional advice to inform ongoing care planning. For example, we saw that a specific support plan had been introduced following a person's diagnosis of pre-diabetes. A healthy, balanced diet was implemented, resulting in the condition being effectively managed without the need for medication. Care staff administer prescribed medication in a timely manner, supported by robust systems promoting consistency and accuracy. The service adheres to a medication policy which reflects current best practice guidance and ensures the safe handling of medicines. Care staff receive ongoing training, and their competency is routinely assessed to maintain high standards of practice. We discussed with the management team the benefits of strengthening existing arrangements by introducing regular, structured medication audits. The management team assured us that work is already underway to implement this improvement.

People are supported by highly skilled staff who have an excellent understanding of their individual needs and preferences. A small core team of care staff provides continuity, enabling them to build strong relationships with the people they support. Observations made during our inspection indicate care staff are very familiar with people's care and support requirements. People appeared comfortable in the presence of staff, and interactions were characterised by warmth and mutual respect. We found staffing levels to be appropriate. We were told that support for one person had been reduced from two-to-one to one-to-one. This planned reduction has had a positive impact, promoting the person's independence and supporting their personal development.



## Environment

**Good**

People live in a comfortable, safe, and well-maintained environment. During our inspection, the home was found to be clean, tidy, and suitably furnished throughout, with décor that creates a welcoming and homely atmosphere. People have access to communal areas, including the living room, kitchen, and bathroom, as well as their own bedroom, and can use these spaces freely according to their preference. A garden with seating is available, providing a pleasant outdoor space where people can relax or participate in activities. Care staff manage the day-to-day upkeep of the home and follow cleaning schedules to ensure high standards of cleanliness and hygiene are consistently maintained. The kitchen has been awarded a Food Standards Agency rating of four, indicating good standards of food hygiene.

There is an ongoing programme of maintenance and repair ensuring the environment, its facilities, and equipment remain safe and in good working order. We reviewed safety certification for fire safety systems and utilities, including gas, electricity, and water, and found all documentation to be current and compliant. A dedicated maintenance team undertakes regular checks to ensure all equipment and facilities continue to operate effectively. Health and safety auditing systems are in place to support regulatory compliance. During our visit, we discussed with the provider the importance of strengthening these arrangements by ensuring all required monthly audits are completed consistently. The provider assured us this would be actioned. A current fire risk assessment is in place, and regular fire drills are carried out so people and care staff remain familiar with evacuation procedures. Access to the home is securely controlled, with visitor identification verified on arrival and recorded in a visitor log to ensure only authorised persons are permitted entry.



People achieve positive outcomes because the provider is committed to maintaining a skilled and knowledgeable staff team that is consistently available to support them. During our inspection, we observed sufficient staffing levels to meet people's needs. Care staff are trained to meet the specific requirements of the people they support, and training records confirm all staff are up to date with mandatory training. In addition to the training delivered by the service, care staff are encouraged to undertake recognised health and social care qualifications to further develop their skills and competencies. Staff told us they feel well supported in their roles and provided positive feedback about the manager. One member of staff commented, *"The manager is a really nice person, very knowledgeable, always goes over and above."* Records viewed during the inspection show staff receive the required level of formal support, including supervision every three months and an annual appraisal. Alongside traditional staff support arrangements, care staff also have access to an Employee Assistance Programme, which provides additional benefits such as confidential counselling for those who may require emotional or well-being support. The provider also facilitates staff forums, offering opportunities for staff to discuss their work, share ideas, and learn from each other's experiences. This approach contributes to a positive working environment and supports staff development and retention.

Robust governance and quality assurance arrangements promote a positive culture and support the delivery of good-quality care. The Responsible Individual (RI) visits the service regularly and engages with both people and staff to discuss service provision, ensuring their views are heard and considered. A formal quality-of-care review is completed every six months to evaluate the service's performance. We reviewed the most recent report and found it clearly identifies both areas of strength and opportunities for further development. In addition to this, the provider undertakes internal quality audits to ensure the service continues to operate in line with regulatory requirements. These processes support continuous improvement and contribute to effective service delivery. During the inspection, we found monthly manager audits were not being completed consistently. We discussed this with the management team, who assured us they would address the matter.

The provider's policies and procedures are appropriate and support safe, consistent practice within the service. Care staff are aware of how to access these documents when required. Policies and procedures are reviewed regularly to ensure they remain aligned with current legislation and national guidance.

The service provider operates robust selection and vetting processes to ensure staff are suitably qualified, safe, and trustworthy. Personnel files we examined demonstrate all required pre-employment checks are completed. These checks include verification of references from previous employers, employment history checks, and Disclosure and Barring Service (DBS) checks. New

staff complete a structured induction programme which supports them to understand their roles and the specific care and support needs of the people they will be working with. We found all care staff are appropriately registered with Social Care Wales, the workforce regulator.



## 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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