



## Ty Gwerthfawr



Ty Gwerth Fawr, Gellinudd Pontardawe, Swansea, SA8 3DX



01792885126

The inspection visit took place on 26/11/2025

### Service Information:

Operated by:	M&D Care Operations 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:	12
Main language(s):	Welsh and 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

**Excellent**



Care & Support

**Good**



Environment

**Good**



Leadership & Management

**Good**

## Summary:

Ty Gwerthfawr is registered to provide care and support to 12 residents. The home is located in Pontardawe which is an accessible location, only a short drive from Swansea, well-equipped with shops, cafes, and essential services.

The service provides high-quality care and support that helps people achieve excellent personal outcomes and live as independently as possible. Relationships between people and staff are positive, and there is a strong focus on promoting well-being.

The environment is purpose-built and well maintained, supporting privacy, dignity, and independence. Communal spaces and outdoor areas are safe and accessible. Building work to extend the service is managed sensitively, with no negative impact on people's well-being.

Leadership and management are strong. Governance arrangements ensure clear oversight and continuous improvement. The responsible individual and managers are approachable and maintain regular contact with people and staff.

Overall, the service demonstrates a commitment to delivering person-centred care in a safe and

supportive environment.

## Findings:



### Well-being

Excellent

Staff provide highly effective support that helps people live as independently as possible. They work with people to identify and achieve their well-being outcomes, whether short or long term. During the inspection, we saw people already completing outcomes from their five-year plan. This is an excellent achievement, as the service has been operating for less than a year. Outcomes are broken down into small, achievable steps. These steps lead to significant achievements for people. Staff consider people's interests and aspirations when planning outcomes. For example, one person wanted to experience professional meetings and work settings. The service arranged for them to visit the provider's main office and attend an awards ceremony. They handed out awards and received their own. When the manager and person told us about this, it was clear the person felt proud.

Staff encourage people to express their concerns and preferences. This creates a positive culture where involvement is valued, and rights and dignity are upheld. For example, we saw a person ask for a specific support worker to assist them to the shop, even though they were not scheduled to work together that day. Staff quickly agreed to this request, showing flexibility.

People are supported to build safe and happy relationships. The service organises parties and buffets to celebrate events. For example, we saw images of people celebrating Children in Need Day. A staff member told us, *"They all enjoy spending time together and gathering in the communal areas."* People have frequent opportunities to connect with family and friends and contribute to their local community in creative ways. On the day of the inspection, many people were out in the community visiting local shops and swimming pools. Family members receive twice-weekly updates about their relative's well-being. The service also encourages the use of technology to maintain relationships with family members who live overseas.

Staff use positive communication with people living at the service. We saw staff use basic sign to communicate with a person who uses British Sign Language (BSL). The service is working towards the Welsh Language Active Offer. This was evidenced through the use of bilingual signage and identifying a person's preferred language upon admission.

People are protected from harm and abuse. The service has a robust safeguarding policy, and all staff receive regular training on safeguarding adults at risk. During the inspection, staff showed excellent understanding of safeguarding and how to raise concerns in line with the policy. One staff member told us, *"If I have some concern they will listen to you; I feel really supported."*



People receive good quality care and support that helps them achieve their personal outcomes. Personal plans are strengths-based. They show how staff support people to achieve well-being outcomes. For example, one person enjoyed watching fairground videos, so staff planned for them to attend a fair and go on rides. Staff told us, *“Every day we have plans for them; they are not just doing nothing.”* People have positive relationships with staff. Representatives told us, *“All the staff are thoughtful, kind and caring.”* All feedback completed by staff described the service as good or excellent. Everyone who provided feedback said they would recommend the service to family and friends.

Staff design care in consultation with people living at the service. We viewed personal plans that were person-centred, highlighting likes and interests and focused on outcomes. Reviews of personal plans are detailed and held regularly. However, we saw little evidence that people and their representatives were invited to take part in the review process. The service plans to include this evidence in future documentation. The responsible individual has good oversight of the service and identifies improvements to service delivery.

Staff monitor people’s health and notice changes quickly. We saw good evidence of referrals to professionals such as social workers and dentists. Staff demonstrated they know people well and could refer to dental treatments and when further follow up is required. Referrals to occupational therapists and physiotherapists were submitted in a timely manner. However, management told us that responses to these referrals are sometimes delayed due to long waiting lists and referral processes.

Medication is managed safely. The service has effective systems in place, and medication is stored securely in a locked room accessed only by authorised staff. Medication administration record (MAR) charts were completed correctly, confirming people receive time-critical medication at the right time. Staff were observed administering medication in a person-centred way. For example, one person asked for extra pain relief, and staff responded quickly.



## Environment

Good

People live in an environment with well-maintained, safe facilities that support their well-being goals. The service is purpose-built, with privacy and dignity considered in its design and layout. People and their representatives are consulted on decorating their flats. For example, one person's representatives ensured the room resembled their bedroom at home to ease the transition. Other rooms were highly personalised to reflect preferences in personal plans.

Communal spaces meet people's needs, promote independence, and provide opportunities for private meetings and activities. Shared areas include a dining room, lounge, and an activities room used for parties and group events. There is also an external building with a quiet room for private family meetings.

Security arrangements protect people. The service is surrounded by tall fencing, and all exits have passcode protection. CCTV operates in communal areas and the service has a robust CCTV policy in place. However, consent was not always obtained from people or their representatives on admission. The responsible individual (RI) told us this will be included in future admission processes and completed for current residents.

Building works are underway within the grounds. The work is managed sensitively, and there is no evidence it has affected people's well-being. The provider ensures safety by restricting access to certain areas. People have access to safe outdoor spaces. The service has a large, gated rear garden that is accessible for everyone. It also has access to a woodland walk, which should be available once building work is complete.



## Leadership & Management

Good

People are supported to achieve their outcomes because there is clear governance within the team. The manager, deputy manager, directors, and responsible individual (RI) are well known to people and staff. They are described as “*approachable*” and having an “*open-door policy*.” The RI has effective oversight of the service and is described as “*a great role model*.” They visit the home regularly to speak with people and staff and gather feedback. Quality of care reports are completed every six months. These reports show what is working well and what needs improvement. Managers review actions from previous reports to promote ongoing improvement. There are processes to oversee complaints, but more detail is needed when recording the outcome and severity. The RI assured us these changes will be in place by the next inspection.

Governance arrangements support the day-to-day running of the service and help people achieve their well-being outcomes. The Statement of Purpose is up to date and accurately reflects what people can expect while living there.

People achieve their personal outcomes because the provider ensures there are enough staff with the right skills and qualifications. All required employment checks are completed, including references and ID verification, before staff start work. Care staff complete an induction that includes shadow shifts and mandatory training. They also complete refresher training when needed to keep their skills up to date. One family member told us, “*Staff are more knowledgeable than the previous setting; they seem better equipped and trained.*”

Staff are well supported through regular training and one-to-one supervision sessions. Staff well-being is considered, with a dedicated room for breaks away from the main setting. This includes shower facilities, a kitchen, lockers, and a large training room. Staff told us, “*I love it, absolutely love it; it’s like a family; it’s so nice; everybody helps each other.*” The team recently received a ‘working together’ award from the organisation.

## 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.**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

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