

Meeting of:	SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2
Date of Meeting:	1 MAY 2025
Report Title:	CARE INSPECTORATE WALES (CIW) INSPECTION OF BRIDGEND COUNTY BOROUGH COUNCIL'S (BCBC) REGULATED SERVICES IN ADULT SOCIAL CARE
Report Owner / Corporate Director:	CORPORATE DIRECTOR, SOCIAL SERVICES & WELLBEING
Responsible Officer:	JACKIE DAVIES HEAD OF ADULT SOCIAL CARE
Policy Framework and Procedure Rules:	There is no effect upon the Policy Framework and Procedure Rules.
Executive Summary:	Care Inspectorate Wales (CIW) are the independent regulators of social care and childcare services in Wales and inspect care service providers against the requirements of relevant legislation including the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) and Social Services and Wellbeing (Wales) Act 2014. The CIW are required to: • Carry out functions on behalf of Welsh Ministers to provide assurance on the quality and safety of services. • Decide who can provide services. • Inspect and drive improvement of regulated services and local authority social services. • Undertake national reviews of social care services. • Take action to ensure services meet legislative and regulatory requirements. This report provides the Committee with information on the regulatory activity undertaken by CIW across Bridgend County Borough Council's Adult Care Services in 2024/25. The inspections in the accommodation based and domiciliary regulated support services report against core themes: • Well-being • Care and Support • Leadership and Management • Environment (residential care only)

	Summaries of the inspections are contained in this report and include: • Key findings of how we have performed against standards in our residential and domiciliary regulated services. • Activity undertaken to meet regulatory standards. • Actions to address areas of improvement.
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1. Purpose of Report

- 1.1 The purpose of this report is to provide the Subject Overview and Scrutiny Committee 2 with the outcome of the Care Inspectorate Wales (CIW) inspections of Bridgend County Borough Council's (BCBC) regulated adult care services in 2024. This report relates to inspection activity detailed below:

Service	Date of Inspection
Ty Llwynderw Extra Care (Residential Provision)	08/08/2024
Bryn y Cae Residential Services for Older Persons	14/03/2024
Breakaway Short Stay Service	24/09/2024
Bridgend CBC Domiciliary Care Services	07/11/2024
Ty Cwm Ogwr Residential Home for Older Persons	17/07/2024
Ty Ynysawdre Extra Care (Residential Provision)	10/01/2025

2. Background

- 2.1 These inspections were conducted in line with the CIW Inspection framework for accommodation-based and domiciliary support services, to evaluate the service's adherence to legislative and regulatory requirements, principally the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, and the conditions of registration and the individual service's statement of purpose. The inspections also evaluate the services' ability to provide the Welsh Language active offer. In doing so, CIW are aiming to ensure that people using the services are supported to achieve the best possible quality of support, achieve their identified outcomes, are not placed at risk and do not experience harm. The inspections are undertaken in consideration of four core themes:

- The wellbeing of individuals receiving care and support
- The quality of care and support provided to individuals.
- The leadership and management of the service
- Environment (except domiciliary services)

The reports are presented with a short summary, followed by findings under these core themes. All inspection reports are published on the CIW website following the inspection.

- 2.2 Ty Ynysawdre, Ty Llwynderw, Ty Cwm Ogwr and Bryn y Cae residential provision provide support to up to 89 adults in the main over 65 years of age in residential care

home settings. Ty Llwynderw and Ty Ynysawdre provide support for individuals with a significant cognitive impairment and / or diagnosis of dementia.

- 2.3 Bryn Y Cae and Ty Cwm Ogwr provide support for Older Persons with assessed care and support needs, people with a significant, cognitive impairment and / or diagnosis of dementia and respite support. In addition to this Bryn Y Cae provides a short term reablement service for up to six people.
- 2.4 Breakaway provides short stay breaks for adults aged 18 years and over with a range of needs including learning disabilities, Autism Spectrum Disorder (ASD), brain acquired injuries and physical disabilities in a residential setting.
- 2.5 Domiciliary Services are a complex umbrella service, which encompasses short term assessment and reablement support. long term home care, learning disability supported living services (x 11); Ael Y Bryn Emergency Accommodation (Learning Disability specific), Glyn Cynffig and Ty Mor Young Persons Service; HMP Parc and the domiciliary provision located within the extra care facilities at Ty Llwynderw and Ty Ynysawdre. The services provide care and support for approximately 225 adults of all ages and with a wide range of needs.
- 2.6 During the inspection, the inspectors review a range of information including policies, statements of purpose, written guides, complaints information, incident reports, supervision data, training data, safeguarding referrals and quality assurance reports. The inspector may ask for this information to be provided electronically and uploaded onto the secure portal CIW Online. Inspectors aim to engage with individuals in receipt of care and support and their families to gather firsthand feedback about the services they receive.
- 2.7 All reports are initially received prior to publication from CIW along with an Inspection Response Form, which can be used to comment of the factual accuracy or the fairness and proportionality of findings within the reports.
- 2.8 There is a requirement under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) to have a nominated Responsible Individual (RI) which for these services is the Group Manager Direct Care Provider Services. The RI is legally accountable for the provision of care and support and is required to have oversight of the running of the services. In addition, there are also registered managers (RM) in post, who are suitably qualified and registered with Social Care Wales as required under RISCA.
- 2.9 Under section 37 of the 2016 Act, Welsh Ministers can introduce regulations for ratings that may be given in relation to the quality of care and support provided by a service provider following an inspection. In preparation for the introduction of a ratings system CIW implemented a phased approach:
 - Phase one - a system of 'silent' ratings for all care home services and domiciliary support services subject to inspection in 2024
 - Phase two - publication of ratings for all care home services and domiciliary support services subject to inspection for 2025.

During phase one all ratings awarded following an inspection would be 'silent'. The rating would not be included within the inspection report or published on the CIW website.

2.10 Each inspection theme, i.e. Well-being, Care and Support, Leadership and Management and Environment (Residential Care only) were awarded a rating.

2.11 If an 'area for improvement' is noted in the inspection report in any of the 3 themes (Care and Support, Leadership and Management and Environment), then the maximum the Well-being theme may be rated as, is needs improvement.

The ratings are: -

Excellent	This is an exceptional service that supports people very well and exceeds our expectations.	Outcomes for people who use services are consistently achieved and of high-quality. Service providers actively seek out new options to enable people to improve their lives. Feedback about the effectiveness of the service describes it as outstanding and/or sector leading.
Good	This is a good service that supports people well and meets our expectations.	Positive outcomes for people who use the service are consistently met. People's human rights are consistently met. Feedback about the effectiveness of the service describes it as consistently good.
Needs improvement	This service is not supporting people well and needs to improve to meet our expectations.	There is a lack of consistency in outcomes for people who use the service. There are mixed views fed back about the effectiveness of the service. Action is needed to improve.
Poor	This service is not supporting people safely and urgent action is needed to protect people and to improve outcomes.	There are widespread and/or significant shortfalls in outcomes for people. People's human rights are not being met. Immediate action is needed to improve people's safety and wellbeing

2.12 Feedback from the inspection is structured around the inspection themes. As part of the formal feedback process the inspector gives the Registered Manager and Responsible Individual (RI) an overview of the findings and checks the evidence they are relying on to apply ratings within 7 – 14 days of inspection date.

3. Current situation/ proposal

3.1 The reports have identified that the standard of care and support provided across the services is of a very good standard. Key strengths include the relationships between staff and individuals receiving care and support; leadership and management; the

provision of activities; individuals happy with their care and support and their needs being well met; all areas of staff management and support including training, supervisions, appraisals and coaching / mentoring.

3.2 An area of improvement was identified for Ty Ynysawdre which will be addressed at the individual service level.

3.3 **Key inspection findings for Ty Llwynderw (Residential):**

3.3.1 The report identified that people live in a warm and friendly environment, supported by an experienced staff team who are familiar with people and work to their preferences wherever possible. Staff prioritise spending time with people interacting and engaging with them throughout the day. The staff know the individuals well and facilitate interaction and conversations with them throughout the day. Personal plans and risk assessments are in the process of being rewritten to make them more person centred. There are good links with external professionals. Support staff are safely recruited, vetted and trained appropriately for their roles and feel supported by their manager. The manager has good oversight of events in the service and the Responsible Individual (RI) fulfills all their required duties, monitoring the quality of care being provided.

Wellbeing

3.3.2 People are supported and encouraged to make decisions about their care and daily routines. People move freely between the communal areas and their bedrooms and are engaged in conversations and interactions with support staff and each other. There are organised activities and entertainers that visit and on the day of the inspection a scheduled garden party was taking place. The inspector noted support staff prioritising time to sit and interact with residents, introducing activities in a natural way; this not only encouraged people to engage with staff, but also to engage with each other enhancing the community feel within the service.

3.3.3 People are supported to be as healthy as possible, and there is regular involvement with health care professionals to provide holistic care. Guidance is implemented by staff and medication is stored and administered as prescribed. Staff were observed to be competent with administering medication and there is a medication policy in place which they can access.

3.3.4 There are systems in place to protect people and risks to individuals' health and safety are included in care plans and risk assessments; these are reviewed and notes maintained.

3.3.5 There are appropriate policies in place including safeguarding, whistleblowing which have been reviewed and updated; safeguarding training has been completed.

Care and Support

3.3.6 The inspector noted:

- Consistently warm and caring interactions between staff and people supported.
- A strong community atmosphere, which is enhanced by support staff '*offering help in a respectful way, treating people as their equals*'.

- People laughing and joking with staff, feedback included *'I'm always happy, no complaints here at all'*.
- Family members visiting and discussing issues or concerns with staff and the manager in a positive way.
- The manager is reassuring, helpful and forms good relationships with people's families.

3.3.7 Staff have the information required to provide people with the care they need at the time they need it with personal plans and risk assessments in place and reviewed regularly. Health professionals' guidance is recorded in reviews and daily notes. Support staff were knowledgeable about people's health needs, medication, food and drinks preferences and dietary requirements. There is a choice of meals offered and people can request alternatives if they wish to.

Personal Protective Equipment (PPE) is in use and there are systems in place to promote infection control and good hygiene.

Environment

3.3.8 Care and support is provided in an environment that enhances people's wellbeing. Ty Llwynderw is part of a wider complex owned and maintained by Linc. There are many facilities on site including a spa room, hairdressing salon, outside space, and a restaurant people can use if they wish to.

3.3.9 The service is secure from unauthorised access and visitors are required to sign in and out. All bedrooms are en-suite and personalised with people's own furniture and belongings; with all facilities being safe and comfortable for each person. The property is maintained by Linc Cymru with all relevant health and safety checks completed. The RI discusses matters to do with the property with Linc Cymru directly.

Leadership and Management

3.3.10 People receive care and support from a consistent and experienced staff team. A number of staff have worked at the service since it opened, and more newly employed staff appear comfortable and supported by the longer standing members of the team. Staffing levels enable people to be supported in an unhurried way, and time is spent engaging with people and encouraging interaction and interest through the day.

Support staff gave positive feedback about working at the service:

'I think it's good here at the moment, we all work really well together'
'(the manager) is really good, they get answers to our questions and are very open'

3.3.11 Staff are appropriately recruited and vetted for their roles. Since the last inspection there has been a manager permanently on site as opposed to one manager covering both this service and a sister service, the inspector noted *'we saw the positive effects of this change'*.

3.3.12 Training, development and support are available to staff and there is compliance with both mandatory and some service specific training. Staff informed the inspector they find the manager very supportive and proactive and feel comfortable raising any

concerns or issues. Formal supervision sessions, and annual appraisals are held in line with regulatory requirements.

- 3.3.13 Quality Assurance systems are in place to monitor and promote ongoing development and improvement of the service. The RI gathers feedback from staff, visitors and people using the service during their quarterly monitoring visits. Information audits is appropriately analysed along with feedback to complete a biannual quality of care report which is a regulatory requirement.

Ratings:

Theme	Rating
Wellbeing	Good
Care & Support	Good
Leadership & Management	Good
Environment	Good

3.4 Key inspection findings for Bryn y Cae:

Summary

- 3.4.1 The service provides support to adults with personal care needs and supports their mental, physical, and emotional wellbeing. People receive very good care and support from staff who are suitably trained and supported. Personal plans detail their individual care needs and personal outcomes. These are reviewed regularly to monitor people's progress in meeting their personal goals, whilst enabling them to participate in positive risk taking but remain safe. People are complimentary about the positive relationships they have with staff and the management team. Staff feel well supported and happy in their roles.
- 3.4.2 A good standard of hygiene and infection control is maintained to reduce risks of cross infection. Staff can access personal protective equipment (PPE) easily and supplies are evident at the service. The Responsible Individual (RI) has Quality Assurance procedures in place and carries out their regulatory duties. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service'.

Wellbeing

- 3.4.3 People who live at Bryn Y Cae experience high levels of wellbeing. They are supported to access the community, maintain relationships with family and other networks, or in things which interest them. There is an excellent activities programme in place which includes activities within the home and links with the local community such as local schools and chapel. The Inspector observed a bingo session and found it to be full of laughter and engaging all those involved. People spoke animatedly and emotionally about family visits, attending the local school Christmas Carol Concert and of when those children visit the home. Special occasions are celebrated including birthdays, the Coronation, and St David's Day. The service also provides short term

respite and has a Reablement Unit to support people to reach their personal goals and maintain their emotional and physical wellbeing.

- 3.4.4 Mealtimes are a really positive experience. Dining areas are bright and well set out, and positive banter was observed between people and staff.
- 3.4.5 People are offered a choice of food, and hot, cold and alcoholic drinks. The service supports people's rights and choices consistently and to a high standard. People's individual needs inform their personal plan, and changes are recorded in daily notes. They and their relatives are asked about their wishes, involving them in the planning of their care, and supporting them to have meaningful outcomes. People's needs, and risks to safety and well-being, are monitored and documented. Risk assessments include thresholds for support workers to intervene. Care plan reviews are carried out to monitor people's progress in meeting their goals and aspirations. Feedback about the standard of care and support is consistently very good. People and their families have positive relationships with staff who are familiar and know them well. Up to date written information about the service and advocacy access is available to people in different languages. The service safeguarding systems reflect current government procedures and protect people from harm and there is a safeguarding policy to provide guidance to staff. Workers receive specialist training in addition to core training to support them to meet people's individual needs. They know their responsibilities and keep people safe and well supported.

Care and Support

- 3.4.6 The quality of the care and support provided is extremely good. The service considers a wide range of information about people prior to them moving into the service. Information is gathered through a thorough pre-admissions process involving the person, family, and relevant professionals to develop an initial support plan. Personal plans are detailed and provide clear guidance to support workers as to the needs and planned outcomes for individuals with timely review periods. Plans are clear, reflect individual needs and give the information needed to support people. Where possible people and/or their relatives are involved in developing their plan. Risk assessments are in place to ensure people are supported to make their own choices as much as possible and remain safe.
- 3.4.7 The service works closely with health and social care professionals such as occupational therapists and rehab technicians, social workers, district nurses, GP, and mental health teams. Feedback from other professionals is positive, communication is good, and advice/plans are followed.
- 3.4.8 Staff are complimentary about the training and induction they receive, giving them the knowledge and skills needed to provide effective and safe support to people. They are happy in their roles and feel well supported by the management team. One staff member told us *'I love it...feel part of the Team.'* And of the manager *'Great...really supportive.'*
- 3.4.9 People and their relatives also have positive relationships with staff and the management team. Interactions between workers and people are warm and friendly:

One person told the Inspector *'It's lovely...my kids could never have found me a better place to live.'*

Another said '*Perfect...I could not wish for better...I feel at home.*'

Again, a relative wrote in a letter '*I think everything here for residents is amazing and the staff are wonderful.*'

3.4.10 People can have support with medication if they require. Staff have training and regular monitoring to assess their competency in the administration of medication and there is a policy in place to provide guidance to staff.

3.4.11 People supported speak positively about the kitchen staff and the food at the service. There is a varied and nutritious 4 weekly menu, which has been developed with people and their relatives during resident meetings. People are offered choice and alternative diets are considered. There is fruit, snacks, and drinks available in lounge areas and throughout the day. The service has a Food Standards Agency (FSA) score of 5, which is the highest that can be achieved.

Environment

3.4.12 The service is a purpose-built single storey property with separate accommodation for people living with a diagnosis of dementia, as well as a rehabilitation unit, and residential accommodation; respite support is provided for Older Persons and people with a diagnosis of dementia.

3.4.13 There is ample space both indoors and out for people to access. On arrival, the Inspector found external doors secure to prevent unauthorised access, and other security measures in place such as checking identification and signing a visitor book. The environment is homely, cosy, warm and free of odours. There are spacious and nicely decorated, appropriately furnished, indoor and outdoor communal spaces for people to use. Some painting, redecorating, and flooring has been completed with other refurbishment work planned.

3.4.14 The outdoor area is accessible and secure, with paved and grassed areas, seating, and potted flowers/plants. They noted people's personal space set out in a manner which reflects their individual preferences and care needs. People's bedrooms are personalised, and some have en-suite facilities for them to use.

3.4.15 There are suitable arrangements in place for the staff team to report any maintenance issues/repairs so these can be addressed, and there are plans in place for further decorating, refurbishment to both indoor and outdoor areas.

3.4.16 A good standard of hygiene and infection control is being maintained to reduce risks of cross infection. Staff can access personal protective equipment (PPE) easily and they saw good supplies available at the service. Restricted areas are locked and are only accessible to authorised people. Procedures are also in place to meet all Health and Safety requirements at the service, regular audits are completed with action plans in place.

3.4.17 Work following on from a previous fire safety inspection has now been completed. This was an area of improvement from our last inspection. A more recent fire safety risk assessment is in place with some further minor works completed or booked to be completed.

Leadership and Management

- 3.4.18 There are good systems in place to support the smooth operation of the service and ensure the care and support of individuals enables them to achieve their personal outcomes. Policies and procedures are in place to provide guidance to staff and are reviewed when required. The service is delivered in line with the statement of purpose (SOP) and there is a written guide to provide people with information about the service in both the English and Welsh language. This includes information about the complaints procedure and advocacy services. Other information about local services, bereavement support, and local contacts is also available.
- 3.4.19 Regular quality audits and checks are in place to ensure the service continues to meet people's needs. Communication with relatives is very good. This is regular to update them on developments and gain feedback about the service and share ideas for possible improvements.
- 3.4.20 Resident meetings give people and their relatives the opportunity to discuss things which are important to them including food choices and planned activities/trips out. The vision, values and purpose of the service are clear and actively implemented. The RI carries out three monthly visits and six-monthly quality assurance reviews are completed. These visits involve meeting people, relatives, and staff to gain their views on the service provided. The six-monthly quality assurance review also involves a detailed look at a range of aspects of the way the service is delivered such as environmental assessments, complaints/compliments, safeguarding, accidents/incidents, staffing and recruitment with action plans for any improvement, outcomes of satisfaction surveys are also considered.
- 3.4.21 Mandatory staff training is a mix of face to face and online training to ensure they have the skills and knowledge to support people to achieve their personal outcomes. In addition, they receive specialist training such as Dementia and Falls management. Workers feel well supported and have regular 1:1 supervision enabling them to consider their own wellbeing and professional development. Team meetings keep them up to date with changes and address any issues. *The provider also offers an Apprenticeship scheme to develop appropriate skills in working in the care sector.* Recruitment documents are up to date with appropriate Disclosure and Barring (DBS) checks in place. All staff are registered or in the process of registering with Social Care Wales as appropriate. The service provides an active offer of the Welsh language. There are some Welsh speaking staff but currently no residents living at the service. Documentation such as the statement of purpose or service user guide is in both the English and Welsh language. Other information and signage around the home is also in both English and Welsh. The provider has a Welsh Language Policy in place.

Ratings:

Theme	Rating
Wellbeing	Excellent
Care & Support	Excellent
Leadership & Management	Good
Environment	Good

3.5 Key inspection findings for Breakaway:

Summary

- 3.5.1 Breakaway is a short stay service, accommodating both planned and emergency stays. The management of the service also now work more closely with children's services to improve transition of short-term care and support to young adults. Staff support people to maintain their usual routine during their stay and encourage them to share with staff what they would like their stay to be like.
- 3.5.2 Personal plans are detailed, up to date, and focus on consultation with the person and their family about what went well during their stay and what could be improved upon. There is a stable, enthusiastic team of staff in place, well led by a proactive and knowledgeable management team. Staff are trained and supervised to be competent and confident in their roles. Facilities and equipment remain safe for use.
- 3.5.3 The Responsible Individual visits regularly and invests in the ongoing monitoring of the quality of care and support being provided, and the development of the service.

Wellbeing

- 3.5.4 People are supported to maintain their independence, make choices and have control over their day to day lives whilst staying at Breakaway. Staff support people to keep to their usual weekday routines and provide trips out, activities, and communal takeaways and dinners together at weekends. People are asked what they would like to do, and what they would like to achieve, during each stay.
- 3.5.5 The Inspector observed staff interact with people in an enthusiastic, warm and friendly way. People and their families are consulted with prior to the person's stay in case of any change in their needs or preferences, and general feedback is requested periodically via quality monitoring questionnaires.
- 3.5.6 The manager and deputy manager make themselves available to discuss any issues, and there is a formal complaints process in place if this is required. There are systems in place to protect people from potential harm or abuse. Risk assessments are included in people's personal plans, highlighting any risks to individuals' safety or the safety of others. Any incidents are recorded, and management are competent to refer these onto the Local Authority safeguarding team if required. Care staff are aware of their safeguarding responsibilities, have up to date safeguarding training and there is a safeguarding policy in place to offer guidance where needed. The environment supports people's wellbeing.

Care and Support

- 3.5.7 People can be confident staff are following an accurate and up to date plan of how they would prefer their care needs to be met. Personal plans are detailed, person-centered, and give a holistic overview of what people want and need during their stay. They contain relevant information and guidance from the multi-disciplinary team of professionals involved in people's care. People and their families are also consulted about any change to needs or preferences prior to any new stay. Risk assessments identify risks to a person's safety or the safety of others and detail any intervention required to manage those risks.

- 3.5.8 Staff are experienced in getting to know people's preferences quickly if they have not stayed at the service before. People are supported to be as healthy as they can be. Management have good links with their health and social care colleagues to ensure they are included in reviews or changes in care and support needs. Professionals such as learning disability nurses, occupational therapists, or speech and language therapists are kept up to date and their guidance and treatment plans are integrated into people's support plans.
- 3.5.9 Staff receive specific training on health-related interventions, such as endoscopic feeding tubes, which are required by people who regularly use the service.
- 3.5.10 People bring the appropriate amount of medication for their stay from home, this is stored securely and administered as prescribed. A medication policy is in place as guidance to care staff should they need it. Medication training is up to date for all support workers. The service promotes good infection control practices. On the day of the inspection, the home appeared clean and tidy.
- 3.5.11 Earlier this year, the service had a Food Standards Agency inspection which identified areas for improvement. This feedback was discussed to ensure the domestic nature of the service was not lost and people staying at the service were still able to independently use the kitchen where appropriate.

Environment

- 3.5.12 People's care and support is provided in an environment which supports the achievement of their personal outcomes. Breakaway is an adapted domestic house, providing accommodation for people with learning disability and physical disability. At present, two of the six rooms in the house have tracking hoists for transfers in the bedroom and ensuite bathroom. There is an extension being undertaken to make a third ground floor bedroom with ensuite bathroom and tracking hoist. This will enable more people with physical disabilities to access the service at the same time.
- 3.5.13 Bedrooms are decorated neutrally but both personal and communal space has a homely feel. The communal lounge and kitchen/diner are well used by people for socialising with others and there is an accessible garden, which is used in good weather. Actions are taken to minimise risks to people's health and safety. We saw evidence of a rolling schedule of servicing and checks for facilities to ensure everything is fit for purpose and safe to use.
- 3.5.14 The home is secure from unauthorised visitors. Medication is securely stored, and confidential documents are kept in an office which is locked when not in use

Leadership and Management

- 3.5.15 There are sufficient levels of staff with good motivation and attitude to meet the needs of people requiring short term care and support.
- 3.5.16 At the time of the last inspection there was a temporary manager in place and the staff team had been destabilised by a restructure. Now, however, there is a stable staff team with the substantive manager back in post. Both manager and deputy have received positive feedback from staff for being hands-on, supportive and proactive in

their roles. Staff rotas are compiled in line with the booking requests to ensure there is always enough staff to meet people's needs. Staff are suitably recruited, trained and supported in their roles.

3.5.17 All staff are working under a current Disclosure and Barring (DBS) check and Social Care Wales (SCW) registration, and the manager is alerted by Human Resources (HR) when these are due for renewal.

3.5.18 Both mandatory and service specific training is facilitated by the service provider for support staff, although demand for courses is high. Staff told us they like working in a shortterm service because it is constantly changing and gives them more opportunities to learn new skills. Supervisions and appraisals are completed as required, and the manager spends time with staff in the service who can raise questions or suggestions whenever they wish.

3.5.19 Processes are in place to monitor the quality of service being provided, feedback is sought from people and their families at regular intervals throughout the year. The Responsible Individual conducts quarterly monitoring visits and uses the feedback and findings from these to inform the six-monthly quality of care reports. These identify strengths of the service, and areas where additional work can be done

Theme	Rating
Wellbeing	Good
Care & Support	Good
Leadership & Management	Good
Environment	Good

3.6 Key inspection findings for Domiciliary Care Services:

Summary

3.6.1 The domiciliary services provide support to people over the age of 18 years. Support is provided to people in the place they currently live, whether that be as an individual, within a supported living setting, an Extra Care facility, or a secure facility.

3.6.2 This inspection focused on Support at Home and the Supported Living services. People across the services receive consistent care and support from teams of staff who are well led by their managers. There is a positive culture embedded throughout the services meaning managers and care staff feel valued and well supported.

3.6.3 People have a voice, feel included, involved, and happy with the service they receive. We saw people receive a person-centred service and are consulted about their care. Personal plans detail the best ways of providing care and support and keeping people safe. Medication management systems allow people to have their medication as prescribed.

3.6.4 People we spoke with, and their relatives provided positive feedback on the service provided. BCBC have appointed a Responsible Individual (RI) to provide strategic oversight, and managers for each service. There are effective measures in place by the RI to monitor and review the quality of the service provided

Wellbeing

- 3.6.5 People are treated with dignity and respect, staff support and motivate people to lead an independent lifestyle as far as possible. Their caring, sensitive approach helps people develop at their own pace, so they successfully achieve and maintain their goals. Feedback from people and their representatives is very positive. Staff are knowledgeable and enthusiastic about their roles and enjoy working for the services. A manager from another service area told us their relative received support from the Support at Home service and highly praised it.
- 3.6.6 Risks to people's health and safety are assessed and managed. There are measures in place helping to protect people from harm, staff receive safeguarding training and know the process for reporting concerns
- 3.6.7 They are also recruited in line with regulatory requirements and supported by management. Policies and procedures help underpin safe practice.
- 3.6.8 People understand what care and support opportunities are available to them, they and their representatives are involved in the care planning process and have regular personal plan reviews to ensure they receive the right care at the right time. The service engages with people regularly to gather their views to help inform improvements. People benefit from positive relationships with staff and are treated with dignity and respect.
- 3.6.9 Personal plans highlight how people want to be supported and contain clear concise information for staff to follow. People we spoke with provided us with positive feedback saying they are happy with the service they receive. We observed positive interactions between staff and people during our inspection.
- 3.6.10 People's language and communication needs are considered with the services working towards the Welsh language offer. Information such as the statement of purpose, written guide, and 'how to make a complaint' are available in both English and the Welsh language and accessible translation services.
- 3.6.11 People are supported to remain as healthy as they can be and their medical histories documented in their personal plan. They also have assistance with their medication if required. Medication policies and procedures are in place. Staff have training and 'spot checks' to ensure they can safely and appropriately carry out this task.

Care and Support

- 3.6.12 People benefit from a good standard of care and support across all service areas. The Support at Home service has recently been remodelled, focusing on short term assessment and reablement services. A person-centred approach to all care planning ensures people are central to the care and support they receive.
- 3.6.13 Personal plans across all service areas contain practical information guiding staff on the best ways of providing care and support. Regular reviews take place, and we saw people, or their advocates involved in the process. They also contain risk assessments which help mitigate risks to people's health and safety.

3.6.14 Care staff complete daily recordings documenting care and support provided as well as other information such as people's emotional wellbeing. People are happy with the service they receive; they told us care staff follow the personal plan in place and their care needs are always met.

A care manager told us,
"I am happy with the care provided"

People and their relatives told us:
"They are all marvellous"
"I've grown to trust them"
"They are more like friends coming to visit"
"I don't know how I struggled for so long without help"
"They are like part of the family".

3.6.15 There is a medication policy which is aligned with best practice guidance and when people require support with medication a good level of support is provided. Staff receive medication training and are subject to regular observations where their competency for administering medication is assessed. Routine medication audits are undertaken to ensure any discrepancies are identified and actioned.

3.6.16 Efficient arrangements are in place to protect people from harm and abuse. A detailed safeguarding policy is in place, which follows the Wales Safeguarding Procedures. Support staff understand the policy and have completed safeguarding training. They are aware of their responsibilities to report any concerns they may have regarding the people they support.

3.6.17 Staff confirm they feel able to raise any concerns with the RI and managers, and they are confident they would be listened to. One person living in Supported Living told us
"I feel very safe here".

3.6.18 Infection prevention and control procedures are good. All staff receive appropriate training on infection control. The service ensures that a good supply of personal protective equipment (PPE) is available to staff at all times.

Leadership and Management

3.6.19 People can be assured there is good leadership of the service, staff told us they feel valued and have the opportunity to share their views with management.

3.6.20 The policies and procedures are reviewed and updated when required, and the RI stated that an annual review is now being diarised.

3.6.21 The managers we spoke with all feel valued and supported in their roles. Staff also say they feel valued and supported and find the management approachable. Regular staff meetings take place, which supports good communication.

Care staff told us:
"This is the best job I've had in care, it's very professional"
"I would recommend working here"
"I come to work and enjoy myself"

- 3.6.22 Care staff are trained and developed within their roles. We saw staff have access to ongoing training relevant to the needs of the people they support and staff we spoke with say the standard of training they receive is good. Training records we viewed evidence staff are up to date with their training requirements. In addition to training provision, staff are routinely 'observed' by the management to make sure they are competent in their roles and their practice is safe. Staff receive regular supervision where they have the opportunity to discuss their work. They also have an annual appraisal where they can reflect on their performance and set development goals.
- 3.6.23 There are robust quality assurance processes in place and the RI has good oversight of all areas of the service. They visit each of them regularly, building relationships with support workers and people living in the schemes and becoming familiar with people's needs and any challenges for them or the staff. The RI completes quarterly quality monitoring reports, which includes feedback from people receiving support, staff and other stakeholders.
- 3.6.24 A twice yearly quality of care report analyses events at the services and identifies what is going well and what needs to be improved. Actions plans are implemented promptly to improve the services where needed. Management appropriately notifies relevant regulatory bodies and statutory agencies, when there are concerns and significant events, which might affect the well-being of individual's receiving care. We found the communication is effective, open and transparent. We found notifications to Care Inspectorate Wales, Local Authority and Health professionals are timely and consistent

Ratings:

Theme	Rating
Wellbeing	Good
Care & Support	Good
Leadership & Management	Good
Environment	Good

3.7 Key inspection findings for Ty Cwm Ogwr:

Summary

- 3.7.1 People and their relatives are very happy with the standard of care and support provided at Ty Cwm Ogwr. Support staff are friendly and interact with people in a calm and unhurried way.
- 3.7.2 Personal plans and risk assessments contain detailed and relevant information and are reviewed appropriately. There is a programme of activities in the service which people appear to enjoy. People are very satisfied with the variety of meals served at the home. Support staff are happy working at the service and feel supported and valued. They are recruited safely and receive training to enhance their skills and knowledge to support people appropriately. They also feel they receive the required level of formal support.

- 3.7.3 The Responsible Individual (RI) visits the service in line with regulatory requirements and regular quality assurance monitoring takes place. There are policies and procedures in place and people have access to a complaints process. People like the homely, traditional presentation and feel comfortable in their surroundings. There is an on-going programme of maintenance and repair aimed to ensure the environment remains well-maintained and safe.

Wellbeing

- 3.7.4 People are supported to maintain their health and well-being. Support staff have positive relationships with people living at the service and have a good understanding of people's care and support needs. Personal plans are kept up to date, detail any interventions needed and safe ways of supporting people; staff can recognise changes in people's presentation and take appropriate action.
- 3.7.5 People have a voice and are treated with dignity and respect by support staff who know them well. Resident meetings take place, whereby people have a say in the running of the home.
- 3.7.6 Equipment such as a new call bell system has been installed, this enables people to get the care they need at the right time. *"Those we spoke with told us support staff respond quickly when they use the call bell". A relative told us "She is happy, everything is marvellous".*
- 3.7.7 Policies and procedures support safe practice and there are measures in place helping to protect people from harm and abuse; support staff receive safeguarding training and are familiar with the process for raising concerns.
- 3.7.8 Incidents and accidents are logged and reported to the relevant agencies when needed.
- 3.7.9 The service liaises with health professionals to report any concerns and follow any guidance given.
- 3.7.10 The environment is suited to people's needs and helps support their well-being with the home being well presented, clean and comfortable. Communal areas are welcoming and homely, where people looked relaxed and comfortable.
- 3.7.11 People's rooms are personalised with their own possessions, and they told us they like living at the service. Bathroom and toilet facilities are equipped with specialist equipment and there is a dedicated maintenance person who is responsible for the day-to-day upkeep of the home. They perform regular environmental checks to ensure the home, its facilities and equipment are safe to use. Medication is administered in line with the prescriber's recommendations.

Care and Support

- 3.7.12 People benefit from a good standard of care and support. A person-centred approach to care planning ensures people are central to the care and support they receive. Personal plans and risk assessments are clear and provide staff with information to support and care for people in line with their identified needs. Personal plans are reviewed and updated to reflect current needs of people using the service, however,

further work is required to ensure that people or their advocates are routinely involved in the review of the plans.

3.7.13 Food choices are varied and people with special dietary requirements are catered for. People commented positively regarding food choices, saying:
"It's lovely and "can't fault it".

3.7.14 Positive interactions were observed, people experience support in a dignified manner with warmth and kindness, and support staff were observed treating people as individuals. Staff were attentive and responded to people's different needs with appropriate levels of prompting and support. People relaxed and comfortable in the presence of staff.

People living in the home told us:

"They take good care of us"

"They are excellent, pleasant to have around"

"No complaints at all".

Relatives told us:

"My mother loves it, it's just a lovely place"

"Absolutely 100% happy with the care"

"The staff are all brilliant".

3.7.15 Policies and procedures underpin safe practice, and staff are trained to meet the needs of the people they support, Medication is stored securely and administered as prescribed. A number of medication charts (MAR) were examined and found as required medication outcomes were not always recorded; this was brought to the attention of the management who addressed this immediately.

3.7.16 The service takes all reasonable steps to identify and prevent the possibility of abuse and there are mechanisms in place to protect people from harm. Staff recognise their personal responsibilities in keeping people safe and told the inspector they would report any issues of concern. They are aware of the whistleblowing procedure, and said they felt confident approaching management if they needed to. Staff said they had undertaken training in safeguarding and there is a current safeguarding policy for them to access and follow. People were asked if they felt safe and responded with *"Oh yes", "I should say so!" and "Yes I do".*

Environment

3.7.17 The environment is comfortable, clean, and decorated to a reasonable standard. There are communal areas where people can interact with each other and take part in activities. People were observed in communal areas, they appeared comfortable and relaxed which supports / suggests they are happy with the environment. There are sufficient toilet and bathroom facilities throughout the service and there is specialist equipment such as hoists available for those who need it. People's rooms are sufficient in size and are personalised with their belongings. There are domestic and laundry staff at the service daily to ensure good standards of hygiene and cleanliness are maintained.

3.7.18 A rolling programme of maintenance and checks ensures the environment, it's facilities and equipment are safe to use. Up to date Health & Safety certifications

were accessible and audits completed so that any potential hazards can be identified and reported for repair or replacement. All people living at the home have a personal emergency evacuation plan (PEEP) in place. Confidentiality is maintained throughout the home.

- 3.7.19 People are safe from unauthorised visitors entering the building, as all visitors must ring the front doorbell before gaining entry and are asked to record their visits in the visitor's book when entering and leaving. Care records are stored safely, and personnel records are kept in the manager's office and are only available to authorised staff.

Leadership and Management

- 3.7.20 The vision and ethos of the service are clear. A Statement of Purpose sets out the service's aims, values, and support available. We found this to be consistent with the service provided. A written guide is available for people in the service, containing practical information about the home and the support provided. The service also offers various formal and informal opportunities for people to ask questions and give feedback. Both documents are available in Welsh.
- 3.7.21 Staff we spoke with are positive about working at the service and report overall the team works well together as a whole. They say the manager is approachable, and responsive to issues raised. The manager and deputy continue to provide hands on support to promote the stabilisation of the team.
- 3.7.22 Communication appears to have improved, and staff appreciate the managers open door policy and visible presence. People are supported by a care team who are trained and supported in their roles. Records relating to supervision show staff are receiving the regulatory required levels of formal support, this supports their professional development and gives them the opportunity to discuss any concerns they may have.

Staff told us

"I love working here"

"It's a lovely home, the residents seem happy"

"enjoyable and rewarding"

"the manager is excellent".

- 3.7.23 All staff have on-going training, to meet specific needs of people they support and are happy with the training available. The human resource team have confirmed that all new staff undertake a thorough vetting process that meets regulatory requirements. Checks including Disclosure and Barring Service (DBS), previous employment and reference checks are completed.
- 3.7.24 New employees complete an induction on commencement of employment and get to shadow experienced members of the team. Following this care workers register with Social Care Wales (the workforce regulator). This is done to ensure care workers possess the skills and qualifications required for working in the care sector. There are systems and processes in place to monitor, review and improve the quality of care and support provided. Information about the quality of care is gathered and reviewed for improvement purposes.

3.7.25 We found families give positive feedback about the care provided. There is regular communication between the manager and responsible individual. We noted that there have been no complaints since the last inspection. The manager and RI appropriately notify relevant regulatory bodies and statutory agencies, when there are events which might affect the well-being of individual's receiving care. We found the communication is effective, open and transparent

Theme	Rating
Wellbeing	Good
Care & Support	Good
Leadership & Management	Good
Environment	Good

3.8 Key inspection findings for Ty Ynysawdre (Residential):

Summary

3.8.1 An inspection was completed on 10/01/2025; the Responsible Individual (RI) met with the Inspector for initial feedback on 17/01/2025 followed by a meeting with the Provider Services Manager and Registered Manager on 23/01/2025. The RI is awaiting a copy of the draft Inspection Report.

Areas of good practice:

- Support guidelines and risk assessments reviewed and updated to reflect changes in health and support needs.
- Evidence of health and specialist involvement including Speech and Language Therapy, District Nurses, G.P's.
- The quality of direct care provided was of a good standard, evidence of positive relationships between people and staff.
- Observation of good engagement with residents, e.g. board games, chats, mealtimes, support with eating and drinking.
- Family member feedback – very positive about staff and the support provided to her mum, good communication between the service and the family.
- Dementia friendly equipment and signage.
- Identification of significant changes in support needs and requirement for nursing assessments – evidence of communication between the service and relevant professionals including notification of changes.
- Ty Ynysawdre is part of a wider complex owned and maintained by Linc Cymru. There are a variety of facilities on site such as a spa room, a salon and a restaurant. Utility areas are kept locked to safeguard people from potential hazards and the residential unit is secure from unauthorized persons. All bedrooms are en-suite and there are spacious communal areas. Bedrooms are personalised with décor and belongings.

Area of Improvement:

- 3.8.2 Personal Plan / Care and Support Plans are not reflective of changes in need; it is a regulatory requirement to review every three months or when there has been changes in a person's needs
- 3.8.3 Risk assessments and guidelines for behaviours, mobility, Mental Health Assessment, Speech and Language (SALT) input have been completed; these are not reflected in the Care and Support Plan reviews.

Ratings:

Theme	Rating
Wellbeing	Needs Improvement
Care & Support	Needs Improvement
Leadership & Management	Good
Environment	Good

3.9 Areas of Improvement and Priority Actions Notices

- 3.9.1 It is pleasing to note that the inspections did not result in the issue of any Priority Action Notices across services and that previous improvements had been addressed in all cases.
- 3.9.2 The report for Ty Ynysawdre identified a new Area for Improvement with Regulation 16 (Review of Personal Plan).
- 3.9.3 The report for Bryn Y Cae noted that previous non-compliance with Regulation 57 – *"The provider must ensure Fire Safety work is carried out promptly to reduce the risk of fire at the service"* had been achieved.
- 3.9.4 The report for Ty Cwm Ogwr noted that previous non-compliance with Regulation 15 – *"Personal Plans need to be updated to accurately reflect people's care and support needs"* had been achieved.
- 3.9.5 The area for improvement is being addressed and achievement of the action is monitored through the Council's regulatory tracker which is reported to Governance and Audit committee and through the Corporate Performance Assessment process.

4. Equality implications (including Socio-economic Duty and Welsh Language)

- 4.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. This is an information report, therefore it is not necessary to carry out an Equality Impact Assessment in the production of this report. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

- 4.2 Despite no Equality Impact Assessment being conducted, the information contained in the report positively describes support being made available to those providing care.

5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives

- 5.1 The implementation of the duties and responsibilities under the Social Services and Well-being (Wales) Act 2014 (SSWBA), in turn, supports the promotion of two of the seven goals of the Well-Being of Future Generations (Wales) Act 2015 within the County Borough of Bridgend. By promoting an environment that maximises people's physical and mental well-being and by supporting children, young people, adults and their carers and families to fulfil their potential no matter what their circumstances, the wellbeing goals of a healthier and more equal Bridgend and Wales are supported.

- 5.2 The Well-being of Future Generations (Wales) Act 2015 provides the basis for driving a different kind of public service in Wales, with five ways of working to guide how the Authority should work to deliver wellbeing outcomes for people. The following is a summary to show how the five ways of working to achieve the well-being goals have been considered in this report:

- Long Term – Social Services is demand led and the SSWBA focusses on sustainable prevention and wellbeing outcomes for the future. There is a requirement to meet the needs of people in the longer term and, because of rising demographics and increasing complexity, the remodeling and transformation of services continues to be a priority.
- Prevention – the report is about the new approaches adopted by the Directorate in line with the SSWBA, for example, the provision of assistance to enable people to remain independent for as long as possible. This will ensure that need is anticipated, and resources can be more effectively directed to better manage demand.
- Integration – the implementation of the SSWBA requires local authorities to work with partners, particularly the NHS and the Police, to ensure care and support for people and support for carers is provided.
- Collaboration – The strategic planning and local delivery of integrated support and services are developed with partners such as Registered Social Landlords in order to provide the best possible intervention to people.
- Involvement – the key stakeholders are the people who use social care. There is considerable engagement including surveys, stakeholder meetings, feedback forms and the complaints process. The provision of accessible information and advice helps to ensure that the voice of adults, children and young people is heard.

6. Climate Change Implications

- 6.1 There are no climate change implications associated with this report.

7. Safeguarding and Corporate Parent Implications

7.1 It is a regulatory requirement BCBC Safeguarding Policy meets Part 8 of the Regulations which is to ensure service providers have in place the mechanisms to safeguard vulnerable individuals to whom they provide care and support. This includes arrangements that:

- Support vulnerable individuals using the service.
- Support and underpin staff knowledge, understanding and skill in identifying risks and action to take where abuse, neglect or improper treatment is suspected or identified; and
- Ensure the service provider works collaboratively with partners to prevent and take action where abuse, neglect or improper treatment is suspected or identified.

8. Financial Implications

8.1 There are no financial implications associated with this report.

9. Recommendation

9.1 Subject Overview and Scrutiny Committee 2 is recommended to note the contents of the report.

Background documents

None