



Swn-y-Mor Care Centre



Swn-y-mor Care Centre, Scarlet Avenue, Port Talbot, SA12 7PH



01639894533



<http://www.swn-y-mor.com/>

The inspection visits for this service took place between 22/04/2026 and 29/04/2026

Service Information:

Operated by:	Speed 9395 Limited
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with nursing, Care home for adults - with personal care
Registered places:	91
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

Good



Care & Support

Good



Environment

Good



Leadership & Management

Good

Summary:

People living in Swn-y-Mor overall experience good well-being. They are supported to have a voice at meetings and reviews. People told us about activities they enjoy, and people are consulted on what is important to them so this can be worked towards.

Care and support is provided by a team of staff that know people well. Care is provided in a timely way with caring and enabling interactions seen. Care documentation is accurate and person centred. The manager and team are proactive to improve any small areas identified throughout the inspection process such as mattress audits and ensuring care documentation reflects the most recent review/changes.

People live in a home that enables them to be as independent as possible. Areas around the home are easily accessible and people are encouraged to personalise their own rooms. A very welcoming environment means visitors feel comfortable to spend time with people.

The Leadership and Management team consist of the Responsible Individual (RI), area manager, home manager, deputy manager and clinical lead. We saw an open-door policy very much in place with staff, visitors and people able to access the manager and senior team as they wish to. All themes are rated good with the team working hard to continually develop and deliver good practice.

Findings:



Well-being

Good

People have control over their day to day lives and are supported to make choices. People contribute what is important to them in coffee mornings, meetings and their reviews. Family told us, *"We are liaised with – X has choice and is involved with decision making"*. One person told us what they particularly like about living in Swn-y-Mor is, *"The fact I can choose how I spend my day and there's always things on"*. Activities observed in the main activity area included exercise sessions, bingo and gardening. People attending the social activities enjoyed refreshments of their choice including those on offer in the bar. People told us, *"Yes the exercises were good – keeping us fit"* and *"You won't find better than here – the activities are excellent"*.

A newsletter informs people of the seasonal activities planned. Additional activity hours have been approved to further expand the provision. Where trips out are popular, further days are organised to meet the requests to go. People's preferred language is identified prior to admission to the home. Welsh language provision can be met by those staff that are Welsh speaking and documents are available on request.

People are supported to maintain relationships with family, friends and important people in their lives. We saw many visitors and friends with staff creating a welcoming, homely, friendly atmosphere. People are encouraged to celebrate important events in their home. Family told us, *"There's a lot of events here, it's really family orientated"*. Mealtimes provide opportunities for people to socialise. Dining rooms are pleasant and welcoming with nicely laid tables. Staff assist people as required at mealtimes in a helpful and respectful way. Positive body language was seen with interactions that were involving and enabling people whilst ensuring a relaxed fun atmosphere. People are positive about the choice provided at mealtimes. Family told us: *"Diet is good – food is fresh and cooked on the premises"*.

People are safeguarded from abuse and neglect. A safeguarding policy is in place and staff are knowledgeable regarding processes to follow. The provider is proactive and positive regarding lessons learnt, recognising how to improve and move forward. The provider has a safeguarding board where analysis of safeguarding and identified learning is concluded. Deprivation of Liberty safeguard (DoLs) authorisations are in place and detail any specific measures to ensure people's safety is maintained with agreed best interest decisions where applicable. This supports people who may not have capacity to make specific decisions independently. Staff told us, *"People are involved with decisionsthey are given the current information to make an informed decision and where applicable best interest decisions are made"*. There is ongoing work with strengthening consent and embedding this practice further.



Care & Support

Good

People receive consistently good quality care. Care documentation including personal plans, risk assessments and daily records, are very detailed, informative and outcome focused. Background information informs a person-centred approach with the detail reflecting what is important to people. Whilst overall information within personal plans and care documentation is accurate, the most up to date information is not always consistently presented in the 'current situation' section. Daily recordings of care interventions were mostly good; however we did note the provision of oral care is not always recorded within the care record. Diet and fluid records are consistently very detailed. One family member told us: *"X chooses their meals the day before, but their memory is not what it was – they show them the meals and re offer the choice on the day which is really good"*.

Detailed end of life care wishes are sensitively incorporated into people's personal plans showing open and honest discussions are had.

Skin integrity care is provided to ensure people achieve optimal pressure relief with skin checks and pressure area relief provided as per care plan. We did note pressure relieving mattresses should be set according to people's weight. However, of the five mattresses checked four were set incorrectly. These were corrected after the manager had been informed and a full audit was undertaken. Photos of wound care demonstrated improvements/changes. These were discussed in handovers with referrals to other professionals being discussed also, thereby ensuring people receive the right care at the right time.

Regular reviews of care are completed. This involves monthly reviews of personal plans. Quarterly feedback is gathered from family members and people to determine if people are happy with the care they receive. Consideration is to be given to those people and their representatives who may require a more person-centred approach with time allowed to meet and discuss outcomes in detail. People and their representatives we spoke with were positive about communication: *"They communicate with people – I feel I can ask anybody anything here"*; *"We are notified of anything straight away, they always keep us up to date"* and *"X's outcomes are met – they check I am happy – I am updating x's care plan and ask are you happy with how things are?"*.

Medication is administered as prescribed in a timely way. Regular audits are completed and consider temperature of storage areas and medication administration records (MARs). MARs are completed as required, but numbering on multiple sheets needs improvement. We observed staff administer medication sensitively and patiently, with appropriate checks and recording for "as required" medicines.

Feedback from staff and family includes: *"We feel what they feel and we meet their outcomes"* and *"They provide excellent care – as each individual member of staff they embody what they are trying to achieve there as a whole"*.



Environment

Good

The provider ensures effective systems are in place to maintain and manage the accommodation. People's safety is prioritised with the required checks in place around facilities such as electricity and gas. We saw water testing and legionella risk assessments in place and a fire risk assessment with the required equipment services and routine checks. The latest kitchen and environmental health check is rated 4 (good). A programme of redecoration including carpets and furniture is very evident within the home. We saw lifting equipment is serviced as required. We did note some bathrooms were used as storage space. These were locked and solely for storage purposes. The manager advised if there was a change in people's needs and the bathrooms were required they would be converted back to bathroom space and alternative storage areas would be arranged.

The home environment enables people to socialise, spend time in places of their choice, welcome family and friends and celebrate special occasions. We saw people have access to all areas of the home of their choice. This includes the Creaky Joint (pub), television room and library, a quiet lounge and function room. We saw people had refreshments of their choice throughout the day with access to the bar in line with activities that take place. People have access to a conservatory and to the grounds surrounding the home where we were told people enjoy time outside. We did note, whilst there is not a secure garden area, people who access the garden do so safely.

Rooms are person centred with 'what matters to people' being seen in their rooms. This included items such as mobile phones and i-pads, so contact can be maintained with family and speakers, so music of their choice can be played as detailed in their personal plans.

The home is very clean and tidy with a homely feel. Housekeeping staff were seen cleaning communal areas as well as deep cleaning bedrooms. They told us about their domestic rota which they manage to sustain working well as the wider team in the home. It was evident they take pride in their jobs and the home.

Family feedback included, *"It's always clean and tidy in their room, spotless"*; *"They create an atmosphere which is homely and comfortable for anyone who is living there and goes to visit"* and *"Everything is exceptional – nothing to improve"*.



Leadership & Management

Good

The provider's governance and oversight encourage a positive culture in the service. The 'open door' policy is used to its potential with a good rapport seen with all staff. The availability of the manager, deputy manager and clinical lead ensure staff feel comfortable and supported with good communication and information sharing. Staff told us about a good work life balance and how adjustments are made in their working pattern to accommodate personal changes. Feedback included: *"It's definitely the best home I have ever worked in"* and *"Management support is fab"*.

Information about the service is available and accessible. This includes the Statement of Purpose (SoP), Service User Guide and policies. Policies are reviewed annually, accessible to staff and up to date. 'Policy of the month' is newly established practice to make policies more talked about and applicable.

Good quality assurance processes demonstrate the oversight and processes in place to facilitate an improving service, meaning improved outcomes for people. A new accident and incident analysis framework has been developed to promote learning from identified trends. The area manager is currently supporting the RI's activities (in their absence). This means regular visits to the home, which evidence consultations with stakeholders including staff, people and their representatives. The six-monthly quality care review report is completed in addition to records of the regular visits. Feedback has been given as to how this report can further highlight the level of quality assurance work being completed and how this improves outcomes for people. Overall agencies are updated and informed when required. We did find a small number of notifications had not been submitted to Care Inspectorate Wales (CIW) and these were submitted retrospectively.

Staff recruitment is good. References, professional registration and Disclosure and Barring Service (DBS) checks are completed prior to staff commencing employment. Good, detailed gaps in employment history are recorded. Individual quarterly supervision and annual appraisals are provided. Training compliance is high with most staff at or near 100%. Individual supervision records could improve by reflecting the discussion of development opportunities ensuring action plans are reviewed and carried forward. The area manager has completed some work to improve the new care worker induction. Staff told us, *"Very thorough induction and training – if anything needed, I know who to go to – very well supported"*.

Staffing levels were seen to be in accordance with the dependency tool. We saw people's needs appear to be met in a timely way and overall staff are positive about staffing levels and how they can meet people's outcomes well. The appointment of a clinical lead has added to the support in place with ongoing reviews of staffing levels planned to further meet the changing dependency of people in the home.

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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