



# Inspection Report on

**Abergarw Manor**

**Brynmenyn  
Bridgend  
CF32 9LL**

**Date Inspection Completed**

04/02/2025

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## About Abergarw Manor

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Abergarw Care Home Limited
Registered places	58
Language of the service	English
Previous Care Inspectorate Wales inspection	17 August 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People receive excellent care and support from a warm and friendly staff team who know them well and can anticipate their needs. Care and support is person centred and delivered in a dignified and respectful manner. There is a stable team of nurses and care staff who understand people's needs and routines. High quality electronic personal plans and risk assessments contain detailed and relevant information so care staff can provide people with the right care at the right time. Nurses liaise with healthcare professionals to support people with their physical and mental well-being. The management team work hard to embed a positive culture that helps to enhance the lives of people living and working at the service. The manager is visible within the home and fully involved in its day to day running. The whole staff team are very well trained and supported in their roles. The environment is very clean, equipment and utilities are serviced and maintained with very good oversight. There is a responsible individual (RI), who carries out their regulatory duties, considering the quality-of-care delivered. The senior management team for the home are committed to providing high quality management and support to the service.

## Well-being

People are treated as individuals, in a warm and friendly way. We saw care staff asking people questions and encouraging them to make choices where they could. For those who are unable to make their own choices, or are unable to communicate these, we saw care staff choosing for them but explaining to them what was happening. Care staff offer a choice of meals and the service has a food hygiene rating of five, which is 'very good'. Regular resident/relative meetings take place, whereby people have a say in the running of the home. Equipment such as a call bell system, and sensor mats are available, they enable people to get the care they need at the right time. We saw reviews are being held with individuals and/or their advocate to make sure their personal plans continue to meet their care and support needs. Daily records seen and discussion with people/relatives show nurses and care staff work hard to make sure people's personal outcomes are met. The activity coordinator plans activities based on the interests and abilities of people receiving support.

People are supported to maintain their health and well-being. There is excellent clinical oversight and monitoring of people's physical health. There are robust systems in place for receiving, storing and administering medications safely. Nurses and care staff know the people they are supporting well and seek medical assistance quickly when required. Individuals are supported to access a range of healthcare services when there is any change to their health needs. People benefit from a consistent team of care staff and nursing staff, who support them to manage complex health needs.

Processes are in place to protect people from neglect and abuse. Care staff have training and those spoken with demonstrated their awareness of the process to follow if they are concerned for a person's wellbeing. Risks to individuals are included in personal plans and risk assessments, which are regularly reviewed. There are appropriate, updated, policies in place to guide staff in all areas. We saw care staff visible in all areas of the service and saw them checking on the safety of individuals who remain in their bedrooms. The provider reports any concerns about people's safety to local safeguarding teams. They also make Deprivation of Liberty Safeguarding (DoLS) referrals when there is a risk that care arrangements may deprive them of their liberty.

## Care and Support

People experience excellent care and support. They have developed positive relationships with staff, who support them with kindness and sensitivity. Feedback about the care and support people receive at Abergarw is extremely positive. We spoke to people living at the service, their families, and visitors. They told us: *"I'm confident that my mums cared for in all the ways she needs to be cared for", "It's a family orientated community", "I feel humbled that they want to make me happy, and they get it right" and "I couldn't be in a better home"*. Abergarw are working collaboratively with the local health board and provide beds for a 'Discharge to Assess' model of care. Feedback from a health professional was that they *"are very accommodating to our requests, nothing is too much trouble and all staff members are embracing the new way of working and providing excellent care"*.

Electronic personal plans and risk assessments contain a high level of detailed information about care needs, preferences and interventions required. Assessments are completed prior to people moving in, to determine whether the service can cater for their needs. People can be confident that nurses and care staff have up to date and relevant information to be able to provide them with excellent care because they are reviewed and updated regularly. Plans include individual likes and dislikes, routines and preferences for support ensuring the persons voice is central to the care provided to them. Information regarding people's care needs is handed over from each shift. Care staff were able to answer any questions we had about the care and support people need.

Robust arrangements are in place for storing, ordering, and administering medication which is stored securely. Medication administration record (MAR) charts contain all required information and are completed correctly with signatures when medication has been administered. The service told us it has a good relationship with health professionals and pharmacists. We saw evidence staff receive training on the administration of medication to ensure they remain sufficiently skilled. The completion of routine medication audits ensures practice remains safe and effective. The service is currently piloting a new pain aid tool.

There are systems in place to protect people from harm or abuse. Risks to people's health and safety are identified in personal plans and risk assessments and are regularly reviewed. There are detailed policies in place to guide staff in all areas, including safeguarding and whistleblowing. Nurses and care staff are up to date with their safeguarding training. Incidents, accidents, and potential safeguarding concerns are audited and referred to the relevant external organisations. We saw that Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make decisions about their accommodation, care, and support.

## Environment

People live in an environment that supports their care and wellbeing. There are communal areas where people can spend time together, or they can choose to spend time alone in their bedrooms if they prefer. Bedrooms are decorated with people's personal possessions. There are a number of bright communal areas and large garden areas for people to use. Call bells are located within easy reach to allow people to alert care staff when they need help. All bedrooms have a sink and toilet. There are sufficient bath and shower rooms which are of a good standard. The 'Parlwr Pretty' hairdressing salon is a well-used resource. Since the last inspection a new 'cinema room' has been created, this is a very pleasant and calm area. The activity coordinator organises film afternoons. Also, there is a new 'Curiosity Corner' which is filled with items which people can access to occupy themselves. The provider is working towards the Welsh 'Active Offer' with bi-lingual signage around the home.

People benefit from the service's commitment to ensuring safe practice. There is a rolling schedule of servicing and maintenance in place to ensure that equipment such as hoists and the lift are functional and safe for use. Fire equipment is checked and alarms and lighting are tested regularly. Water systems are checked for temperature regulation and legionella. Care files and medications are locked away to ensure confidentiality and safety. Every person living at the home has a personal emergency evacuation plan specific to their support needs and staff undertake routine fire drills. External contractors are used when required to test services such as gas and electricity. Effective daily cleaning schedules are in place as all parts of the home are clean, tidy and well organised. We saw the laundry facilities, which are suitable to meet the needs of people living in the home.

## Leadership and Management

The service has a strong vision and ethos. Its aims, values, and delivery of support are set out in the Statement of Purpose in a transparent way. A written guide is available for people in the service, containing practical information about the home, and the support provided. The service offers a very good variety of formal and informal opportunities for people and their representatives, to ask questions and give feedback. Staff told us the manager has an 'open door' ethos and is very approachable.

The service recruits staff safely and provides them with exceptional support ensuring people receive a high standard of quality care. We sampled staff personnel files and together with confirmation from the HR department we found they contain all the required recruitment information, including references and right to work in the UK. All staff are working with a current Disclosure and Barring Service (DBS) check to ensure they're fit to work. Staff are up to date with both mandatory training and some specialist training relevant to the needs of the people they support. We looked at the electronic training records and saw evidence of upcoming face to face trainings being displayed within the home. There is a low turnover of staff with many acknowledging the good working conditions and benefits. Staff we spoke with feel supported by their manager and records confirm that they receive regular one to one supervision sessions. Staff can discuss any issues they have with the manager or clinical lead at any time. Feedback from staff included *"I feel I am a valued member of the team and I'm extremely proud to be part of it"*, *"We all feel like members of one big family, the needs of our residents are our priority"* and *"We take care of the residents like our own relatives"*.

Highly effective governance arrangements and strong leadership ensure high quality care and support for people. We saw evidence that the RI has good oversight of the service. We looked at documentation, which confirmed formal quarterly visits take place. The RI produces a quality-of-care report on a six monthly basis. The service appropriately notifies relevant regulatory bodies and statutory agencies when there are concerns or significant events that might affect the well-being of individuals receiving care. A dedicated and experienced manager ensures people are at the heart of the smoothly run service. They are supported by a clinical lead, nurses, care staff and wider team who follow procedures whilst providing dignified care and support. Relatives told us *"They are marvellous with the residents"* and *"I have no complaints"*. Thorough audits of all systems show any issues which need to be addressed, and action is taken to follow this up. Communication throughout the home and with people's families is effective and relatives confirmed they are kept informed.

Summary of Non-Compliance	
Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A



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