Arolygiaeth Gofal Cymru
Care Inspectorate Wales

# Inspection Report

## Abergarw Manor

Brynmenyn , Bridgend , CF32 9LL

01895622500

www.carongroup.wales

**The inspection visits for this service took place between 28/09/2026 and 30/09/2026**

## Service Information:

| | |
|---|---|
| Operated by: | Abergarw Care Home Limited |
| Care Type: | Care Home Service<br>Adults With Nursing |
| Provision for: | Care and support for people requiring short-breaks or respite care, Care and support for people living with dementia |
| Registered places: | 58 |
| Main language(s): | 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 achieve positive outcomes because they receive compassionate, person-centred care from a care staff team that knows them well and is committed to promoting their well-being. During our inspection, people and relatives spoke positively about the service and consistently described staff as kind, respectful and responsive. We observed positive interactions throughout the home and found people were relaxed, comfortable and treated with dignity.

People receive care and support that reflects their individual needs, preferences and personal outcomes. Care staff work effectively with healthcare professionals to support people's health and well-being and respond promptly when needs change. Care planning arrangements provide staff with clear guidance to deliver consistent and personalised support.

People live in a clean, safe and comfortable environment that enhances their quality of life. Bedrooms are personalised and communal areas provide opportunities for social interaction, meaningful engagement and relaxation. The provider maintains the premises to a good standard and ensures appropriate equipment and safety measures are in place to support people's well-

being.

Effective leadership and management underpin the quality of the service. The management team promotes a positive culture, supports staff to develop their skills and maintains oversight through established quality assurance systems. Staff feel supported in their roles and demonstrate a clear commitment to achieving positive outcomes for people.

# Findings:

## Well-being — Good

Many people achieve positive well-being outcomes because care staff support them with kindness, respect and compassion. People told us they enjoy living at the service and feel safe. Comments included, "*It's very pleasant*", "*I couldn't ask for anymore*" and "*I feel quite safe*." Relatives also spoke positively about the care provided and described staff as caring, respectful and attentive. We observed people seeking reassurance, support and conversation from care staff and saw them respond in a patient and caring manner. This demonstrates people receive support from care staff who know them well and understand their preferences.

People have opportunities to exercise choice and maintain control over their daily lives. Personal plans contain information about routines, preferences, communication needs and how care staff should support people to achieve their desired outcomes. People told us they are involved in discussions about their care and relatives confirmed they are consulted where appropriate. Personal plans could be further enhanced with more historical 'This is Me' information. Care staff support people to access health services and maintain their health and well-being. Visiting professionals and the GP told us referrals are timely and appropriate and recommendations are followed.

People would benefit from increased opportunities for meaningful occupation and community engagement. Although we observed people enjoying activities during the inspection and plans are in place for a new activities co-ordinator, people and relatives told us activities had been limited in recent months. The provider has already begun taking action to strengthen this area.

People receive nutritious meals and can choose from a varied menu. We saw home-cooked meals being prepared and found dietary needs were clearly communicated between care and kitchen staff. Most people spoke positively about the food on offer and told us they have good choice and portions. The service offers a variety of meals, and hold a food hygiene rating of five, which is 'very good'.

People are protected from abuse and neglect. The building is secure, and visitors sign into and out of the home. This ensures there is an accurate record of who is in the building at any one time. Risks to individuals are included in personal plans and risk assessments, which are regularly reviewed. Equipment such as a call bell system, and sensor mats are available. All staff receive safeguarding training and demonstrated a good understanding of their responsibilities. Information about advocacy, complaints and raising concerns is available within the service user guide.

## Care & Support — Good

People receive consistently good care and support because staff understand their needs and provide support in line with detailed personal plans. We reviewed a sample of care records and found comprehensive assessments, risk assessments and care plans that provided clear guidance for care staff. Plans included information relating to health conditions, communication, mobility, nutrition, personal care, skin integrity, emotional well-being and preferred routines. Care staff recorded specific actions needed to promote people's comfort, dignity and independence. People are protected from harm through effective risk management arrangements. Care staff complete comprehensive risk assessments and review them regularly. Safeguarding procedures are understood and implemented by care staff, who demonstrated confidence in recognising and reporting concerns. The Local Health Board undertook their annual review between May and July 2026, with positive feedback given.

People and their representatives contribute to care planning and review processes. Records demonstrate regular reviews and evidence the involvement of relatives and representatives. Care plans reflect people's individual preferences and included person-centred information to help care staff understand how best to support them. We saw very good examples of person-centred care. Care staff demonstrate a good understanding of people's health needs and preferences. Daily records are detailed and show staff monitor important aspects of care including nutrition, repositioning, continence care and general well-being. People have access to healthcare services when required. Health professionals spoke positively about communication and partnership working. We spoke with a visiting GP who told us they had no concerns, they confirmed referrals are made promptly and professional advice is followed. Health monitoring systems support care staff to identify concerns early and take appropriate action.

Medication is stored, managed, and administered safely. Medicines are stored securely in locked medication rooms and administered in line with the prescribers' instructions. Electronic medication records support safe administration practices and provide clear oversight. Medication administration record (MAR) charts contain all required information and are completed correctly with signatures when medication has been administered. Controlled drugs are also appropriately stored and recorded. 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. Records show regular contact with health and social care professionals when needed.

Infection control is well-managed, with appropriate measures in place to reduce risks. Staff have access to and use personal protective equipment. An infection control policy guides staff on how to manage outbreaks and protect people. The domestic team follow thorough cleaning routines, and laundry processes are designed to minimise infection risks. Clinical waste is disposed of safely and correctly.

## Environment

Good

People live in an environment that supports their well-being outcomes. The service provides comfortable, welcoming and well-maintained accommodation. Throughout the inspection we found the home clean, fresh and free from unpleasant odours. People and relatives spoke positively about the environment and described it as pleasant and homely.

People personalise their bedrooms with photographs, furniture and possessions that are important to them. This helps maintain identity, familiarity and comfort. Bedrooms reflect individual preferences and supported people's sense of ownership and belonging.

People have access to a range of communal areas where they can socialise, participate in activities or spend time quietly. The service provides lounges, dining areas, a cinema room and a reminiscence area ‘Curiosity Corner’. We found communal spaces bright, comfortable and appropriately furnished. Garden areas were attractive and offered opportunities for people to spend time outdoors when the weather permits.

People are supported through the availability of suitable equipment and adaptations. The provider maintains equipment through regular servicing and testing programmes. We reviewed records relating to fire safety, electrical systems, water safety, hoists and lifts and found appropriate arrangements were in place. Safety features including call bells, window restrictors and monitoring equipment supported people to remain safe.

The provider has effective systems to identify and manage environmental risks. Regular health and safety checks, maintenance programmes and environmental audits support the ongoing safety of people, visitors and staff. Emergency arrangements, including personal emergency evacuation plans and a contingency plan, are available to support people in the event of an incident.

The environment promotes dignity, privacy and independence. Bathrooms and facilities are accessible, and people can move around the home safely. Bilingual signage supports orientation and accessibility. To support a specific individual Arabic signage is used for bathrooms.

We identified a small number of areas where the environment could be further enhanced. Storage arrangements for some equipment, and the second-floor dining room felt cluttered at times due to the layout and furniture used. However, these observations had a negligible impact on people and did not detract from the overall quality of the environment.

## Leadership & Management — Good

People benefit from a service that is led by an experienced management team and supported by established organisational governance arrangements. Staff, people and relatives spoke positively about leadership within the service. Many described managers as approachable, supportive and responsive. Staff consistently told us they felt listened to and valued. We were told, "*Great place to work, everyone is welcoming*", "*Personally I enjoy the job, the residents make the job enjoyable*", "*This is my first time working in a care home and I love it here, the staff I work with are like family and made me feel at home*" and "*We work like a family*".

Quality assurance systems provide effective oversight. Managers complete a range of regular audits relating to medication, care planning, health and safety, infection prevention and control, accidents and incidents and staffing. Governance arrangements operate at local, regional and organisational levels, helping leaders monitor quality and drive improvement. The provider gathers feedback through surveys, discussions and quality monitoring activities. Complaints are recorded and addressed in accordance with organisational procedures. Opportunities remain to strengthen some governance arrangements, including maintaining a central safeguarding log, increasing the frequency of staff meetings and enhancing oversight of call bell response times.

The provider maintains good systems for supporting and developing staff. Training compliance levels were high across a range of mandatory subjects and staff described training opportunities positively. Supervision compliance exceeded 90% and staff confirmed they receive regular formal support. Recruitment arrangements support the employment of suitable staff. The provider's HR department confirmed that all required pre-employment checks before staff begin work, including Disclosure and Barring Service (DBS) checks, identity verification, and references. These checks help ensure staff are suitable to work with vulnerable people. Care staff hold registration with Social Care Wales (SCW), and nurses maintain current professional registration.

The service has experienced increased staffing pressures more recently associated with supporting people who require enhanced supervision. There has been some recent agency staff use; the provider is block booking regular staff to ensure continuity. Senior management recognise this and are actively reviewing staffing arrangements, including appointing a new activities co-ordinator and considering additional staffing resources. The provider demonstrated awareness of areas requiring development and a commitment to continuous improvement.

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 service, and the support provided.

# 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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