Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Morgannwg House

Morgannwg House Care Home, 2 Glamorgan Street, Brecon, LD3 7DW

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Date of Inspection: 15.07.2026

Service Information:

Operated by:	Hapus Care Group Ltd
Care Type:	Care Home Service Adults With Nursing
Provision for:	Provision for learning disability, Provision for mental health, Care home for adults - with nursing, Care home for adults - with personal care
Registered places:	20
Main language(s):	English
Promotion of Welsh language and culture:	The service provider makes an effort to promote the use of the Welsh language and cultural needs of people, or is working towards a bi-lingual service.

Ratings:

Well-being	Good
Care & Support	Good
Environment	Good
Leadership & Management	Good

Summary:

Morgannwg House Nursing Home provides care and support for up to 20 adults aged 18 and over, including older people and those living with a diagnosis of dementia. The home is conveniently located near Brecon town centre, enabling people to access local amenities and participate in community activities.

People experience positive well-being outcomes. They are treated with dignity and respect and are supported to make informed choices about their daily lives.

Care and Support is person-centred and of good quality. Staff understand people's needs well and respond to changes in their health and wellbeing promptly.

People's care and support plans are made with them, or a representative and or professionals involved. However, we found these are not regularly reviewed as they should quarterly to meet regulations. We found this does not have a detrimental impact on people. The manager acknowledges the need to improve the timely review of this area and has plans in place to address it. We will monitor progress at the next inspection.

The home environment is safe, warm, clean and homely and supports people's comfort and independence. Safety checks are completed and bedrooms are personalised and meet people's needs.

Leadership and oversight arrangements are effective. The Responsible Individual (RI) visits regularly and seeks feedback from people using the service to support ongoing improvement. Leadership and governance promote a positive culture through audits, feedback and regular review. Staff feel supported and valued in their roles through training, supervision and guidance, enabling them to provide safe, consistent and responsive care.

Findings:

Well-being — Good

People are supported to achieve positive wellbeing outcomes, with choice and control in their daily lives. Care staff support people to maintain independence and pursue what matters to them. People choose how they spend their time and when to see family and friends. They told us staff are hardworking, attentive and caring, and we observed positive interactions between people and care staff throughout the inspection. People are involved in decisions about their care and support, and their views are listened to and acted upon.

During the inspection we saw people have access to a range of meaningful activities according to their interests and preferences. We saw board games, quizzes, reminiscence sessions, where people are supported to use for example old photographs, to stimulate discussion. Those unable to leave their rooms receive individual support, including conversation, storytelling, singing, listening to music and discussing family photographs. There are opportunities to access the local community, nail care and pampering sessions. These activities promote social engagement, independence, choice and emotional well-being.

The service seeks to promote the Welsh Language Active Offer by recognising the importance of language, culture and identity to people's well-being. We saw Welsh language signage in the home, supporting people and visitors to use and see the Welsh language as part of everyday life. These arrangements help people to receive information and support in their preferred language and demonstrate the provider is working towards strengthening the use of Welsh within the service.

During the inspection, we saw staff offering meaningful choices, including around mealtimes, with people deciding when they wished to eat and where they preferred to sit. We saw a dignified meal experience, people were offered choice, with alternatives available and feedback about food was positive.

Care & Support — Good

Care staff support people to communicate their wishes, make choices and take part in decisions about their care and daily lives. The service uses a person-centred approach which promotes people's rights, wellbeing and personal outcomes. Most people using the service have capacity and are encouraged to make informed decisions about their care and support. We saw staff listen to and respect people's wishes and preferences. Staff support people to maintain their independence and do as much as possible for themselves. People told us they are treated with dignity and respect. Where restrictions on liberty are necessary, appropriate Deprivation of Liberty Safeguards (DoLS) authorisations are in place and reviewed to ensure they remain proportionate and the least restrictive option.

The service has effective arrangements in place to support people's health and well-being. Pre-admission assessments help ensure the service can meet peoples identified needs, with information gathered from individuals, their representatives and relevant professionals to inform care and support planning. We saw staff work proactively with healthcare professionals, making timely referrals to Tissue Viability Nursing team and sharing relevant information promptly to help achieve positive outcomes for people.

People's health and care needs are assessed and staff understand people's individual needs, preferences and risks. However, care and support plans have not always been reviewed within the required timescales. The manager and RI acknowledged this and have implemented a programme of reviews to ensure records are accurate and up to date. We did not identify any impact on people's care or well-being during the inspection. However, timely reviews are important to ensure all staff, including agency, relief and newly appointed staff, have a clear and current information. We will review progress at the next inspection.

People receive good-quality care and support from staff who are safely recruited, appropriately inducted and receive ongoing training to meet people's needs. People's physical, mental, emotional and social wellbeing is supported effectively. Staff know people well and respond appropriately to changes in their needs and circumstances. People's representatives spoke positively about the care provided and told us concerns are addressed promptly. This was supported by our review of records, which demonstrated positive partnership working and responsive management of issues when identified.

We identified clinical oversight provided by the care team as a notable strength of the service. We saw evidence of detailed wound monitoring, clear treatment plans and positive healing outcomes. The Clinical Lead works effectively in partnership with Tissue Viability Nurses, District Nurses and GPs to support people's healthcare needs. Those receiving care to aid wound healing spoke positively about this aspect of their care.

Medication management arrangements are effective and promote people's safety and wellbeing. Records are completed accurately, medication is stored securely and audits are completed. This supports safe medication practice and reduces the risks of medication errors. Nurses demonstrate a thorough understanding of people's medication needs and work proactively with healthcare professionals to resolve issues promptly. These arrangements provide assurance which indicate people are receiving safe, person-centred care and support.

Feedback from staff, people using the service and professionals was consistently positive regarding the culture and teamwork within the home. A particular strength of the service is the vigilance of staff, who are described by the nurse on duty as observant and supportive, with a strong awareness of people's changing needs and an effective approach to reporting concerns and seeking appropriate interventions. One person told us, *"There are no squabbles like we've seen before. They come in and work together very smoothly."* Another person commented “t*hey are a lovely bunch, and the care is excellent”.* Feedback indicates a caring, respectful and supportive atmosphere where staff work collaboratively to promote positive outcomes for people.

Environment

Good

Morgannwg House is a large Victorian-style building built over five floors and a basement level. The home environment is calm, safe and secure, with appropriate identification checks in place, and a visitor signing-in book used to ensure only authorised individuals enter the service. It is warm and welcoming, promoting people's comfort and wellbeing. Bedrooms vary in size and layout, all have en-suite facilities, and are clean, spacious and personalised. People told us they are happy with their rooms. Where vacancies arise, people are offered the opportunity to move rooms if they wish, with rooms redecorated to reflect their individual preferences. Communal areas are well maintained and provide opportunities for social interaction, independence and meaningful activity, while also offering quieter spaces for privacy when required.

People are supported to make good use of the environment, including the indoor areas, which enable them to pursue interests such as board games and puzzles and spend time indoors and outdoors in line with their preferences and wellbeing needs. During the inspection visit, we saw people relaxing near the open conservatory doors enjoying the warm weather. The passenger lift is fully operational following recent repairs, and newly installed boilers are providing a reliable supply of heating and hot water throughout the home. Some minor cosmetic maintenance tasks are due to be addressed and this will help maintain a safe and pleasant environment. External CCTV is in place to support safety and security. There is no CCTV within living areas, supporting people's privacy and dignity.

The medication room is clean, secure and organised. We saw people are protected from the risk of infection through effective infection prevention and control practices. Staff demonstrate good knowledge of safe practices, including appropriate use of personal protective equipment (PPE), with systems in place to monitor supplies and minimise risk. We found the environment and equipment is clean, well maintained and promotes people's safety and well-being. Food hygiene standards are good, and the service has achieved a Food Hygiene rating of 5, reflecting high standards of food safety.

The service provider ensures the premises comply with relevant legislation and guidance. Health and safety systems are in place, including fire risk assessments, secure storage of hazardous substances and water safety checks such as legionella monitoring. Gas and electrical testing is completed within required timescales. Fire safety is managed, with fire drills and clear Personal Emergency Evacuation Plans (PEEPs) to support safe evacuation in an emergency. There was a planned fire drill during the inspection visit. This demonstrates a proactive approach to fire safety and ensuring staff are prepared to respond effectively in the event of an emergency.

Leadership & Management — Good

The manager is visible and approachable, promoting a positive, person-centred culture. Since taking up post, the manager has established themselves within the role. She works with the leadership team to identify and address areas for improvement. Staff have confidence in their manager and told us she is supportive, with an open-door 69policy which encourages communication. An example of this in action is a review of shift patterns to support a good work life balance, whilst maintaining good care and support for people.

The RI told us they are continuing a focus upon stabilising the team and this has reduced use of agency staff, therefore improving continuity of care for people. The provider has plans to recognise and celebrate staff achievements and contributions soon. Records we reviewed show supervision arrangements have recommenced, providing staff with opportunities for guidance, reflection and professional development. This has helped create a more settled workforce, with staff reporting increased confidence and support in their roles. Positive staff morale and improved stability contribute to consistent care and support for people living at the service, promoting their well-being and quality of life.

Governance and quality assurance systems support improvement, with a clear focus on continuous improvement. We found effective governance systems are in place to monitor standards, drive service development and ensure care and support remains aligned with people's needs, wishes and preferences. The RI maintains oversight through regular three-monthly visits, incorporating feedback from people and staff. Quality of care reports are completed within required timescales and provide effective monitoring of service delivery. Policies and procedures are up to date and reviewed and consistently applied in practice, reflecting relevant legislation, guidance and best practice.

Leaders ensure policies and procedures are accessible and embedded through supervision, training and team meetings, promoting consistency, accountability and good standards of care. The provider is committed to maintaining a skilled and well-supported workforce. All care staff are registered with Social Care Wales and hold the required qualifications. Recruitment and vetting processes are effective, including the timely renewal of Disclosure and Barring Service (DBS) checks. We found evidence of appropriate induction and ongoing staff development. Staff demonstrate a good understanding of the complaints process and told us they feel confident raising concerns.

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.