



## Inspection Report on

**Abergarw Manor**

**Brynmenyn  
Bridgend  
CF32 9LL**

## **Date Inspection Completed**

17/08/2023

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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	32
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first post registration inspection
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

Abergarw Care Home has been registered with Care Inspectorate Wales (CIW) for six months. The service is in its infancy and to ensure people's best outcomes the provider is increasing the number of resident admissions in a carefully planned way.

People living at Abergarw receive personal care and nursing care from a team of care workers and qualified nurses who appear competent in their roles. People and their representatives provided positive feedback saying they are happy with the care and support provided. Care staff and nurses are friendly and interact with people in a calm and unhurried way. Electronic personal plans and risk assessments contain detailed and relevant information and are reviewed regularly. Health professionals are consulted when necessary. The environment supports people's wellbeing, with communal and individual areas for people to choose from. There are adequate numbers of staff to ensure people receive care and support when they need it. There is a good sense of teamwork amongst staff, who are led by a committed manager. Policies and procedures are in place to help protect people from harm or abuse. There is suitable governance in place and an enthusiasm from the team to provide a good service. All staff are recruited following robust recruitment checks, receive regular supervision and training, and feel happy and supported in their work.

## Well-being

People are treated with dignity, respect and have control over their day-to-day choices. We saw care staff talk with people in a warm and friendly way and are unhurried in their interactions and supporting them with tasks. People can choose to use the communal lounge, spend time in their own bedrooms, or access the outside space. There is a good choice of nutritious food available and kitchen staff have access to individual dietary information. Visitors are made welcome and gave us positive feedback about their experiences of the home. The responsible individual (RI) conducts three monthly visits to gather views on the service provided.

There is a clear management structure in the service. We received positive feedback from the staff we spoke with, who told us they feel valued and supported by the manager. There are effective systems for monitoring and auditing standards of support and the environment, overseen by the RI.

Systems in place protect people from harm and abuse. There are a range of policies and procedures promoting safe practice. All staff are recruited safely and receive safeguarding training. Nurses and care staff know the procedure for reporting concerns. Risks to people's health and safety are assessed and managed appropriately. The home is protected from unauthorised access. Medication is recorded, stored, and administered safely.

People live in suitable accommodation, which supports and encourages their well-being. Their rooms are suitably furnished with personal items to give a sense of belonging. Environmental building checks are completed and documented routinely. There are several communal areas to support activities and social experiences. The home is organised well, staff and management reduce hazards as far as practically possible.

## Care and Support

Electronic personal plans of care are detailed and clearly outline people's needs and how they should be met. There are risk assessments in place where required and all documents are reviewed regularly to ensure they are kept current and accurate. Nurses and care workers have positive relationships with the people they care for and have a good understanding of people's needs. Relatives we spoke with told us "*This is the best home we have been to*" and "*It doesn't look like a care home*". Consistent staffing levels ensure people receive the right care at the right time. We witnessed positive and caring interactions during this inspection where care staff were supporting people in a dignified manner. People look relaxed and comfortable in the presence of staff. People told us "*It's lovely here*" and "*The staff are tremendous*". Feedback from a health professional informed us they have no concerns regarding staffing levels and the care files contain detailed and up to date information.

The service has systems in place for the management of medication. Medication is stored appropriately and staff carry out the relevant temperature checks on a daily basis. We found no gaps in the medication administration records (MAR). Controlled medication is also appropriately stored and recorded. There is a medication policy in place containing guidance on the administration of 'as required' medication (PRN).

We saw that people are given choices at mealtimes through a varied menu. We observed appropriate manual handling taking place with appropriate equipment when people came to the dining room to eat. People are supported to be independent whilst eating their meals if this is their wish. Those that need support to eat are supported in a relaxed and respectful way. The food smelled and looked appetising, and was well presented. There is a variety of hot and cold drinks available. One person told us "*I've been very satisfied with it*". Dietary choices are passed to the kitchen staff and kitchen staff know about specialist dietary requirements of the people that live in the home. The service access specific pureed meals which are prepared using moulds and are presented so that people can clearly see what they are eating.

People are protected from harm and neglect and the service is responsive if additional support is required for people. Nurses and care staff receive safeguarding training and those spoken with are aware of their responsibilities to report any concerns about people they support. There is a safeguarding policy in place which staff have access to. People who do not have the capacity to make their own decisions about aspects of their care and support have appropriate Deprivation of Liberty Safeguards (DoLS). Records for monitoring people's health are in place and timely referrals take place when additional support is required.

## Environment

The environment is safe and secure. The service has effective systems in place to prevent unauthorised access. A relative told us "*It's always nice to be welcomed at the door*". The service carries out routine testing and all serviceable equipment is checked to ensure its safety. A maintenance person has been appointed to undertake regular building maintenance and checks. All substances hazardous to health (COSHH) are stored correctly. People living in the home have a personal emergency evacuation plan to guide staff on how to support them to leave safely in the case of an emergency. The service has been awarded four-star rating from the food standards agency which means that hygiene standards are good. 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.

The environment supports people's well-being. Bedrooms are personalised with people's possessions such as photos, ornaments, and flowers. There are a number of bright communal areas and large garden/decking areas for people to use. The garden areas are currently being re landscaped. 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. During the inspection we saw people using the 'Parlwr Pretty' hairdressing salon.

## Leadership and Management

People can access information to help them understand the care, support and opportunities available to them. The statement of purpose and service users guide accurately describe most of the current arrangements in place regarding the service's accommodation, referral and admission process, the type of care and support available and ways in which it is working towards providing a Welsh language service provision.

People are supported by nurses and care staff who are recruited safely, have access to training and regular supervision. Recruitment checks ensure staff are of good character and hold the necessary skills and qualifications to undertake their role. Nurse pins are valid which evidences their suitability for practice. Care staff are registered with Social Care Wales (SCW) the work force regulator. All staff have a valid disclosure and barring service check (DBS). Care staff have access to a structured induction into their role as well as ongoing routine core training. Up to date records are kept of the training completed by staff within the service. Staff we spoke with confirm they receive training suitable for their roles, saying *"It's more than sufficient"*, *"I have had plenty"* and *"There's plenty available"*. 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 enjoy working here"*, *"It's like one big family"*, *"I feel like it's home away from home"* and *"I love my job"*.

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. We found families gave 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 registration. 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.

### 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. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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