



Glanffrwd Care Home



Glanffrwd Care Home, Coychurch Road Pencoed, Bridgend, CF35 5LP



01656860586



<https://www.hc-one.co.uk>

Date(s) of inspection visit(s):

07/05/2025, 02/05/2025

Service Information:

Operated by:	HC One 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:	45
Main language(s):	English
Promotion of Welsh language and culture:	The service provider anticipates, identifies, and meets the Welsh language and culture needs of people.

Ratings:



Well-being

Excellent



Care & Support

Good



Environment

Good



Leadership & Management

Good

Summary:

Glanffrwd is a purpose-built care home that offers residential and nursing care, and is situated in a peaceful area of Pencoed, near Bridgend. It provides very good care and support in a warm and friendly environment, that promotes excellent wellbeing outcomes for people living at the service. Staff know people well and interact in a kind and caring manner. Care files detail how people like their needs met and are reviewed regularly. Activities at the service are regular and varied to ensure people's physical and emotional well-being. The environment is good. The premises is safe and accessible and has suitable indoor and outdoor areas for people to use. Staff feel very well supported, happy, and confident in their roles. They receive regular supervision and a variety of training, and policies are in place to provide guidance. Robust Quality Assurance systems are in place with regular audits and good oversight carried out by the wider provider and management team. The Responsible Individual (RI) visits the service regularly and speaks to people and staff.

Findings:



Well-being

Excellent

With few exceptions, people are supported to have as much control as possible over their day-to-day. The service carries out a thorough pre-admission assessment to ensure it can meet people's needs, which are evident on people's care files. People and their representatives are then involved in developing and reviewing their care plans and identifying personal goals/outcomes. People can choose how they spend their time. Monthly resident/relative meetings and 'Resident of the Day' reviews give people the opportunity to discuss things within the home including the menu and refurbishment plans. There are also plans to set up a 'Resident's Committee'.

Documentation such as a statement of purpose and written guide are available to people and provide information on the service, how to raise a complaint, and details of advocacy services. How to make a complaint, contact details, and other information is also available in the entrance area. The manager deals with any complaints and follows the provider's policies and procedures. People's communication needs are considered in pre-assessments and communication plans are evident on people's care files. Staff receive mandatory and specialist training appropriate to the needs of the people they support. Although, there is no Welsh Language Policy or formal training offered to staff in this area, the service anticipates, identifies, and meets the Welsh language and cultural needs of people who use the service. The service has some Welsh speaking staff, documentation is readily available in Welsh, and signage around the home is in both English, Welsh and picture form.

People are empowered to thrive, with numerous opportunities to maintain, develop, and explore their interests, strengths and skills. There are frequent opportunities for people to connect with family, friends and contribute to local communities. Two wellbeing co-ordinators engage people in a variety of daily activities of their choosing including arts and craft, colouring, games, chair exercises, and we saw people enjoying a coffee/tea morning in the garden on a day of our inspection. A hairdresser visits the home weekly. We were told of entertainers coming in and saw photos at the service of people enjoying parties and other activities. We saw the home was nicely decorated for the VE Day anniversary and told of a planned party later in the week. The service uses their own transport for things such as trips to Aberavon, St Fagans, the local garden centre, and supermarket. Another person spoke enthusiastically of recently visiting a children's nursery and of the children coming to the home at Easter to make hats, easter egg hunt, and play games. Other examples included one person being supported to achieve their goal of returning to their own home with support from care staff and physiotherapy to regain their mobility following a stroke. Again, another person's reluctance to engage, with time and patience from staff now enjoys trips to wheelchair football and accessing the community. We also saw people returning from time out with family members and were told there are no restrictions on visiting. It is evident people and their

relatives have positive relationships with each other and care staff at the service.

People are protected from abuse and neglect. Care staff are recruited in line with regulation to ensure they are suitable to work with vulnerable people. Care staff receive training relevant to the needs of the people they support. This includes safeguarding, manual handling and medication. All staff understand and follow the Wales Safeguarding Procedures. There are effective mechanisms in place to ensure people can voice their concerns. Risk assessments are present highlighting areas of concern, and people's rights to liberty are protected and safeguarded. There are measures in place to ensure medication is safely stored and administered

People live in accommodation that supports their well-being. Bedrooms are comfortable and personalised, with sufficient indoor and outdoor communal areas available for people to use. The home is clean and well-maintained, with the correct checks and servicing in place for utilities and equipment.



Care & Support

Good

People receive consistently very good quality care and support which helps them achieve their personal outcomes. Prior to a person receiving the service a detailed assessment is completed to ensure the service can meet their needs. A personal plan is then developed with the person and if appropriate, their representatives. Personal plans we viewed are clear and concise. They highlight people's personal outcomes and the best ways of supporting people to achieve them. Risk assessments consider any risks to people's health and safety and detail ways for keeping people safe. Deprivation of Liberty Safeguards (DoLS) referrals are made when there is a risk that care arrangements may deprive people of their liberty. We saw personal plans and personal outcomes are reviewed regularly with people and those involved in their care to ensure information recorded remains relevant and meaningful.

People are supported by skilled staff with a good understanding of their individual needs and preferences. There is a stable staff team providing continuity of care to people. We saw nursing and care staff, and the management team have very positive relationships with the people they support. It was clear they know the people they support well and are familiar with their needs and preferences. Positive feedback from people included "*Lovely*" and "*Really good...we have some fun.*" A relative described the quality of care at the service as "*Second to none*" and of the manager "*Wonderful.*" People are supported with their dietary requirements. Menus are varied and nutritious, people are offered choice and told us the food was nice. The kitchen staff receive appropriate training and know people's dietary needs, such as those with alternative diets. Jugs of cold drinks were evident in communal areas on the day of our inspection as it was a warm day, although it was noted alternatives were on offer.

People are referred for appropriate care and treatment at the right time and recommendations for care and treatment by other professionals are carried out as directed. An example of this was despite a significantly high number of residents requiring nursing care at the service, only one person currently has a pressure area. Feedback from a visiting Tissue Viability Nurse on a day of the inspection was very positive including that referrals are received in a timely manner, all skin management advice is followed, and all necessary checks are carried out. The provider's most recent quality assessment also identified wound management as 'Outstanding'. Other feedback given to the RI from a relative whilst visiting a poorly loved one said the "*Care is excellent.*" People are assisted and supported to attend or participate in health checks and appointments, and records of this are evident on care files.

People are supported with their medication if required in accordance with national guidelines and service policy. Medication management systems are robust. There is a medication policy aligned with best practice guidance and care staff receive training on the administration of medication to ensure they remain sufficiently skilled. Routine medication audits ensure practice remains safe and effective.



Environment

Good

People benefit from a warm, comfortable and welcoming environment that is adapted to suit people's needs. We saw people's rooms have en-suites and are personalised to their preference with items of importance, helping to create a homely feel. There are indoor and outdoor communal areas people can access including lounge areas, kitchen / dining, and a number of toilet/bathrooms. The outside space has covered patio areas, seating, and nice garden pots/boxes which people told us they have been involved in maintaining. A veggie patch is in the process of being created on the request of a resident. We saw people can choose where they spend their time and go from their rooms to communal areas as they wish, either independently or with support from care staff. The service is nicely decorated and suitably furnished. The day and date, clocks, and menu choices for the day are on the wall, and signage on doors help people stay orientated. There has been some re-decorating and refurbishment work since our last inspection including painting some bedrooms and upgrading some bathroom/shower facilities. Further plans include converting one lounge into a bar on the request of residents, and creating a café room upstairs following a request by relatives for tea/drink making facilities.

The provider demonstrates a strong commitment to ensuring the premises and any equipment is maintained and serviced to a high standard. We saw there is routine servicing of utilities such as electricity and gas which is carried out by external contractors. Specialist equipment such as a lift, and manual handling equipment is serviced in line with the manufacturer's recommendations. There is a fire risk assessment and fire safety features are regularly checked by a maintenance person and serviced by suitably qualified trades people. Fire safety work identified during a recent inspection by the fire service, have been promptly booked with the provider's facilities department. Laundry facilities are suitable for the size of the home and there is a plentiful supply of cleaning products which are stored in accordance with Control of Substances Hazardous to Health recommendations.

People are protected as much as possible from the risk of infection because the premises and equipment are kept clean and hygienic, and food hygiene practices are very good. Cleaning was observed during our site visit which ensures the service remains clean and tidy. There are plentiful supplies of Personal Protective Equipment (PPE) throughout the service including gloves, aprons and hand sanitiser. Staff have received training in this area and the manager carries out regular audits of the kitchen and home environment. The kitchen has been awarded a score of five by the Food Standards Agency, which implies very good food hygiene standards.

Security arrangements are in place to protect people. The home is secure to prevent unauthorised access. Visitors make themselves known on arrival and staff ensure they sign in and out of the premises. CCTV is in operation and a notice advising people of this is evident at the front of the building.



Leadership & Management

Good

People are supported by staff with the necessary expertise, skills and qualifications to meet their needs. Staff receive a mix of mandatory and specialist training relevant to the needs of the people they care for. Staff we spoke to say the training they receive is good and gives them the skills and knowledge to carry out their jobs well. There is also a strong commitment to fostering development of leadership skills for staff at all levels, which was confirmed by feedback from staff who told us of promotions to senior level during their time working at the service.

Staff say they feel very well supported and valued describing the manager as “*Brilliant*”, “*Supportive*”, “*Lovely*”, and “*Approachable*.” They receive regular one to one supervision, attend regular team meetings, and daily flash meetings. Records also confirm staff are receiving the recommended levels of formal support. Equality, diversity and inclusion values are embedded in recruitment processes, with sponsored staff telling us the manager is “*Accepting...doesn't discriminate*.” A reduction in the use of agency staff and a stable staff cohort has improved team morale since our last inspection. This all helps support staff retention and continuity of care and support for people. Care staff are registered with Social Care Wales (SCW) and nursing staff are registered with the Nursing and Midwifery Council (NMC), as appropriate. This is done to ensure they have the skills and qualifications needed for working in the care sector.

Robust recruitment processes are in place with care staff who undergo the required checks to ensure they are suitably fit to work at the service. Staff recruitment files sampled contain all the regulatory required information. This includes references from previous employers, full employment histories, and Disclosure and Barring Service (DBS) checks. We saw care staff complete a structured induction when they commence employment including training and shadowing other staff.

The provider's oversight and governance arrangements foster a positive compassionate culture in the service. It is clear the management team know people and their families well, is conscientious and well organised. They engage commissioners, other professionals, staff, and people in quality assurance processes such as through satisfaction surveys and the website carehome.co.uk, valuing their feedback to drive continuous improvement. We saw numerous comprehensive audits and quality assessments are routinely conducted, with an electronic system quickly identifying any patterns and trends so measures can be put in place to address any issues. The RI and the wider provider are routinely visible at the service and have good oversight of service delivery. We saw records which confirmed the RI visits the service regularly and speaks to people and staff. Quality of care reviews are completed every six months to assess the service's performance and identify areas where improvements can be made, with an ongoing Action Plan continuously reviewed. The service also ensures timely notifications are sent to relevant authorities in the event of significant incidents. Service policies and procedures provide guidance to staff and ensure practice remains safe and effective. A sample we saw are aligned with statutory and best practice guidance, kept under review and updated when necessary. People and their families feel confident raising

concerns, knowing their input is welcomed stating "*Communication is great.*" Numerous thank you cards and letters are visible at the service.

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.

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