



## Glenburnie Lodge



Glenburnie Lodge, Port Road Wenvoe, Cardiff, CF5 6AB



02922808445

The inspection visits for this service took place between 17/12/2025 and 18/12/2025

### Service Information:

Operated by:	Wenvoe Opco 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:	70
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

Requires Improvement



Care & Support

Requires Improvement



Environment

Good



Leadership & Management

Requires Significant Improvement

## Summary:

Glenburnie Lodge is a care home service offering nursing provision situated on the outskirts of the Vale of Glamorgan. The location of the service offers convenient access to ample local amenities and public transport links. Overall, the environment is good, and for some people they take full advantage of the excellent facilities. But the use of technology to support people with more complex needs is not fully utilised or used appropriately for those who need it. Whilst many people living at the service are happy with the standard of care and support they receive, with positive well-being outcomes, this is not the same for all people. The well-being outcomes and care and support for people who need more specialist day-to-day support requires improvement. This is because we found insufficient deployment of trained, skilled, supervised and competent care staff to be able to meet the needs of all people at the service.

Leadership and management at the service is ineffective. Quality monitoring and oversight procedures failed to identify the shortcomings found at inspection. This means people are at moderate risk. Leadership and management require significant improvement. The provider has made significant changes by replacing the leadership and management team responsible for the service at the time of inspection.

## Findings:



### Well-being

### Requires Improvement

The standard of people's well-being outcomes vary greatly, meaning experiences and opportunities for people at Glenburnie Lodge are different across the service. For those living in the residential community, or people with independent capabilities they fully embrace the range of opportunities available to them. We saw choices of daily activities either in-doors, or out in the community as occasional day trips are offered. People access group exercise classes to maintain physical fitness. A personal trainer assists people to maintain movement and flexibility, and some people have had great success in improving their balance. We observed a lack of support and understanding of people with cognitive or more complex needs to enable them to engage and participate in meaningful activities. People do not always receive care staff interaction to be fully involved or stimulated with meaningful hobbies. There is limited access to supportive technology to meet their needs, such as interactive or sensory equipment.

People receive support to maintain and sustain existing relationships with those important to them. Visitors are welcome and told us, "*The home is immaculate and there are plenty of areas to meet in peace and quiet.*" The service encourages visitors and is inclusive when holding events, to enable people to share quality time together.

Many people have control over their day-to-day lives. A few are actively involved in sharing the views and opinions of people as they are part of the resident forum and attend meetings with service leaders. But people may not always find it easy to share their opinions through meetings, reviews, or advocacy. We found people's access to advocacy services limited and held at the convenience of the service. This means, for some people requiring advocacy their rights and choices could be compromised and their voices not always heard.

People are not always safeguarded from abuse and neglect because leaders are failing to provide adequate oversight of the service people receive. Policies are in place, but induction, training and supervision of care staff is weak. This means well-being outcomes are compromised when care staff are ill-equipped to manage people's emotional, and communication needs. The service is working towards the Active Offer of providing a service in the Welsh language, with signage visible throughout the home.



People's standards of care and support vary greatly, meaning outcomes are not consistent across the service. Some people experience support which is dignified and respectful, with meaningful interactions with care staff. For some, care is delivered in-line with their needs and preferences. One person told us, "*Staff let me carry on, and will only support me when I need it.*" Better outcomes are experienced predominantly by those with less complex needs, who are more independent and able to communicate their wants and wishes to care staff.

People do not always receive the right care at the right time. We witnessed several people with unmet needs because bedroom call bells were not responded to in a timely way or the technology not properly installed. A small number of care staff hold the skills, knowledge and expertise required to meet the needs of people. But we found many care staff lacked the underpinning knowledge and experience to work with people with complex needs to meet their daily outcomes. We saw most care staff working with the best intention, who are kind, sensitive and considerate but lack the training and knowledge in key topic areas such as dementia care.

Personal plans which create care tasks for care staff to follow are not as accurate as they should be, meaning care staff are not informed of a person's current needs. Other records, such as fluid charts, weights and clinical checks on physical health are insufficiently maintained. This means the service is less likely to be aware of a person's decline and take prompt action. We cannot be assured timely referrals to other health professionals are complete and care staff are aware of health updates because records cannot be relied upon to be accurate.

We observed people to be clean and well-presented, and those who are more able told us care staff look after them well. Most people who live within the residential community are highly complementary of the care staff and of the service they receive. People choose where they eat their meals, and many use the well-presented dining room, and experience restaurant style service. Menus are available with a daily choice, and most people have easy access to food and drinks throughout the day. We observed varied support being provided to people requiring assistance to eat and drink. One person had exceptional support, whilst another person did not, leaving them at risk of not having their nutritional needs met. Outcomes for people require improvement because standards of care and support are compromised and we expect the provider to make improvements.



## Environment

Good

Overall, most people live in an environment which meets their needs. Glenburnie Lodge is warm, bright, spacious, and welcoming. All areas are decorated to a very high standard. We saw some people moving easily between the different spaces, which are free from obvious trip hazards. There are a range of facilities including a cinema room, sensory room, library, café, onsite shop and pub. We observed people using the Hub café area, enjoying conversations and laughing with friends and visitors. These facilities allow people to have a sense of autonomy and independence. The home's design promotes privacy and dignity, with numerous breakout areas for quieter moments. The library is a space which is calming and peaceful. Outdoor areas are large, accessible and consist of benches and shaded areas to allow people to both enjoy and use safely. The garden is pleasant with flowers and plants; one person told us, "I love helping to look after the garden."

Bedrooms are spacious and equipped with profiling beds for comfort and ease of care. En-suite bathrooms include alarm cords which reach the floor to ensure safety. The service encourages people to personalise their rooms, with their choice of bedding, pictures and other items giving a homely and familiar feel. Memory boxes outside bedroom doors contain pictures and prompts about the person living there, supporting meaningful conversations. The service offers some shared or connecting bedrooms, offering choice to people. A call bell alarm system is installed in bedrooms to alert care staff when a person needs assistance. But at inspection we observed several instances where there was a lack of response to people's alarms, or alarms were not properly engaged. Technology at the home is not being used to its full advantage to support better outcomes for people.

Areas throughout the home are clean and hygienic, and infection prevention control practices are mostly effective. We saw some minor issues with laundry being left in an unsuitable area, and this was addressed promptly. Some care staff are up to date with infection prevention control, and Health and Safety training. The home was inspected by the Food Standards Agency and achieved a five-star rating, which is 'very good'. Maintenance and servicing of facilities and the environment is well-managed and records are complete.

Measures are in place to ensure the safety of people. All staff and visitors sign in electronically and the communities for more vulnerable people are equipped with key-coded doors and lifts to maintain safety.



## Leadership & Management

**Requires Significant Improvement**

Leadership and management at the service is ineffective. There is a lack of quality monitoring by management and service leaders resulting in missed opportunities to make improvements to service delivery. Oversight and audits of key elements of care and support are either absent or incomplete. This impacts the quality of care, increasing the risks to people where there is inadequate clinical input and service leader oversight. Roles, responsibilities, and accountability arrangements in the service are unclear, leading to the failures seen at inspection. We discussed these failings with senior executives who were prompt to make immediate changes and implement a corrective action plan. This includes changes to the entire leadership and management team to those responsible for the service at the time of inspection.

Some people living at the service experience unmet needs because the service provider is failing to ensure there are enough numbers of skilled, experienced, competent, qualified and trained staff deployed to support people effectively. We found some care staff with little to no experience working with people with more complex needs, putting people at risk. The service is failing to ensure all new staff receive and complete a comprehensive induction. There is a lack of documentation for continuous and relevant training to ensure people's needs are met. Service leaders have failed to ensure care staff, including agency staff are sufficiently supervised and guided in their role, resulting in a workforce that is largely ill-prepared to provide high-quality care. Processes are in place to check agency care staff meet the required fitness, skills and experience needed to support people effectively and safely, but the service has failed to identify practice issues seen at inspection.

Overall, most care staff told us they are happy working at the service, feel well-supported by service leaders and value the 'open-door' availability of the management team. But some told us they recognise the service needs to do better to improve the care, support and well-being outcomes for people living at the service. Many told us teamwork is a strength of the service.

Outcomes for people require significant improvement because service leaders have failed to effectively monitor the quality of the service, with a potential moderate risk to people's health and well-being. We have therefore issued a priority action notice. The provider must take immediate action to address this issue.

## 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.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

Summary of Areas for Improvement	Date identified
People may not always receive the quality, care and support they need to maintain good health and well-being.	17/12/25

Summary of areas for Priority Action	Date identified
The provider has failed to ensure there are effective arrangements for monitoring, reviewing and improving the quality for the care and support provided to people, meaning there is an increased risk to their health and well-being.	17/12/25
The service provider has failed to demonstrate all people receive the right care, at the right time from appropriately recruited, trained, skilled, competent and supervised staff.	17/12/25

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