

Plas y Garn



Plas-y-garn Residential Home, Park Gardens Penygarn, Pontypool, NP4 8DB



01495757708



www.hafod.org.uk

The inspection visit took place on 29/10/2025

Service Information:

Operated by:	Hafod Housing Association Ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for mental health
Registered places:	32
Main language(s):	Welsh and 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

Requires Improvement



Environment

Good



Leadership & Management

Good

Summary:

Staff support people to live meaningful lives by providing access to activities, fostering community engagement, and building caring relationships. The home offers a warm, safe, and well-maintained environment with indoor and outdoor spaces that promote privacy, recreation, and wellbeing. Leaders in the home actively work to improve people's quality of life. They ensure staff receive strong support, and the service provider demonstrates a clear commitment to equality and diversity. We rated the service as 'Good' in the themes of Wellbeing, Environment, and Leadership and Management, reflecting positive outcomes for people and improvements since our last inspection.

We rated the theme of Care and Support as 'Requires Improvement'. While staff delivered care that was respectful and person-centred, documentation and oversight need strengthening. The service must improve governance arrangements, the quality of personal plans, medication management, and safeguarding practices. These gaps create risks to the consistency and safety of care. The service provider has assured us that timely action will address these areas, and we look forward to reviewing progress at the next inspection.

Findings:



Well-being

Good

People living at the service maintain control over their day-to-day lives and receive support to live healthily. Staff actively promote positive risk-taking, enabling individuals to make informed choices that strengthen independence and personal development. People share their views through regular resident meetings and one-to-one sessions with staff who know them well. These interactions ensure individuals participate in decisions that affect their lives, and staff respect and act on their views.

People describe care staff as “Nice.” One person told us, “*Staff treat us like we are people, not just numbers*” and “*They do what they can for us.*” Staff consistently demonstrate a caring approach, treat individuals with dignity and respect, and build trusting relationships. They actively promote independence and support people to achieve personal outcomes that matter to them. Staff offer daily choices and encourage participation in meaningful activities, including hobbies and in-house events. Recent examples include coffee mornings, themed evenings, and bingo sessions, which enhance people’s emotional and social wellbeing.

Staff encourage people to join community-based activities and pursue personal goals and aspirations. These opportunities positively impact on people’s wellbeing by strengthening individuals’ sense of purpose and achievement. Documentation on wellbeing outcomes and risk management through positive approaches needs improvement. The service provider has assured us that these issues will be addressed.

Staff support spiritual wellbeing through regular religious services, including live-streamed events for those unable to attend in person, ensuring inclusive access. They also help people maintain relationships with loved ones and fellow residents. Visitors are welcome at any time, and family feedback is highly positive. Relatives describe the home as “*Excellent*” and praise staff and the manager for their responsiveness and compassion. Regular family meetings provide opportunities for loved ones to share their views on care.

The service supports individuals in their preferred language. Although no current residents use Welsh as a first language, the provider has systems to offer information in Welsh when needed. The provider is also taking proactive steps to implement the Welsh Language Offer, including creating a Welsh Language Working Group.

Accessible, reader-friendly information helps people understand how the service supports them and how to access safeguarding and advocacy services. While safeguarding protocols exist, they need strengthening to ensure people receive consistent protection from harm.



Care & Support

Requires Improvement

People generally receive the care and support they need to achieve their personal outcomes. Care staff clearly understand people's wishes and aspirations, and inspectors observed highly positive and respectful interactions. Staff use tactile support appropriately, which noticeably uplifted individuals' mood and emotional wellbeing. Staff treat people with dignity and respect and know them well.

The service provider actively promotes strengths-based and person-centred care planning, focusing on positive risk-taking. Staff have completed training in this approach and access relevant literature to support their practice. Leaders remain committed to delivering care tailored to each individual. However, we identified deficiencies in personal plans, including missing robust risk assessments and limited social history. Some plans lack sufficient detail about specialist needs, and others contained contradictory information, which could lead to confusion and inconsistent care delivery. While staff demonstrate good knowledge of the people they support, care documentation requires improvement. We expect the service provider to take timely and effective action to address these issues.

Infection control practices are well managed. The premises remain clean and hygienic, supported by a dedicated domestic team that follows structured cleaning schedules, including regular deep cleans. Food hygiene practices are appropriate, and staff complete infection control audits routinely to monitor standards and minimise risk.

Despite improvements in internal incident reporting and staff's ability to de-escalate situations effectively, the service does not consistently protect people from harm. The provider does not always follow national safeguarding protocols or make timely referrals to the local authority when safeguarding concerns arise. Additionally, agency staff do not consistently receive robust induction, which may result in care being delivered by individuals unfamiliar with residents' needs.

Medication management requires improvement. The transition to an electronic medication system has brought benefits; however, we identified discrepancies in medication counts, suggesting people may not always receive medication as prescribed. While no immediate harm was observed, this presents a risk to people's physical and emotional wellbeing. We expect the service provider to take timely action to ensure safe and consistent medication practices.



Environment

Good

People live in accommodation that actively supports them to achieve their wellbeing outcomes. The environment feels warm, welcoming, and well-lit, which enhances comfort and creates a homely atmosphere. The service layout respects people's privacy and dignity, offering sufficient communal and private areas where individuals can spend time alone, socialise, or entertain visitors. A well-decorated pub area provides space for recreational activities and is enjoyed by people living at the service.

Outdoor spaces remain safe, attractive, and accessible, giving people opportunities to spend time outside, especially during summer months. Volunteers and people using the service maintain these areas collaboratively, fostering a sense of ownership and community. The addition of vegetation and planting areas enables individuals with an interest in gardening to engage in meaningful activities, supporting wellbeing through connection with nature and personal hobbies.

Staff consider people's views and needs when adapting the premises and provide appropriate facilities and equipment to meet a range of individual requirements. The accommodation promotes independence and comfort, with adaptations made where necessary to support mobility and accessibility.

The service provider recently strengthened health and safety management by employing additional staff to oversee internal processes. Dedicated maintenance technicians conduct health and safety checks, manage internal maintenance, and ensure the premises remain in good decorative order. While some checks were previously missed, the provider has assured us that immediate action is underway to prevent recurrence and ensure compliance.

Fire safety arrangements are mostly good. All individuals have a personal emergency evacuation plan, and the provider has scheduled a full fire evacuation drill following an internal audit that identified this need. The provider demonstrates a proactive approach to addressing gaps in fire safety procedures.

Food hygiene standards are excellent. The service holds a five-star food hygiene rating, the highest available, indicating strong compliance with food safety regulations and practices. This contributes to a safe and healthy environment for people living at the service.



Leadership & Management

Good

The service provider has improved some elements of its organisational arrangements, governance, and oversight since the previous inspection. A dedicated quality compliance auditor conducts periodic audits in key operational areas, strengthening oversight. The Responsible Individual (RI) fulfils regulatory duties promptly and appropriately, and RI reports meet regulatory requirements and demonstrate improved quality.

The service operates an open-door management policy and actively seeks feedback from people using the service, their loved ones, and staff. It gathers feedback through resident, family, and staff meetings. Family members told us the leadership team responds swiftly and appropriately to concerns and praised their approachability. Staff understand the process for raising concerns and reported no issues during the inspection.

The manager has introduced a suite of audits and strengthened oversight in several areas. However, some quality assurance audits fail to capture issues identified during this inspection, including deficiencies in personal planning, medication management, and safeguarding incident reporting. As a result, monitoring systems remain less effective than required, placing people at risk. We expect the service provider to take timely and effective action.

Staff mostly have the expertise, skills, and qualifications needed to meet people's care and support needs. The service maintains an appropriate number of vetted, knowledgeable, and competent staff and deploys them effectively to meet individuals' changing needs. Staffing levels adjust in line with the service provider's Statement of Purpose and people's care needs. The use of agency care workers has decreased, and when agency staff are required, the provider typically deploys the same individuals to promote continuity of care. Recruitment processes are mostly robust; however, the provider does not consistently induct agency staff, which poses a risk to care quality. The service provider has assured us that it will improve this process.

Staff training compliance has improved since the last inspection, ensuring staff are equipped to deliver care. Staff spoke positively about working at the service, reporting regular supervision and strong support. The provider supports overseas staff to settle in the country and has established an Equality Working Group, demonstrating a strong commitment to equality, equity, and diversity.

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's personal plans should accurately reflect their needs, and should be consistently updated when needs change.	29/10/25
The service provider should implement more robust governance arrangements to ensure effective oversight of the service provided.	29/10/25
Medication management should be robust to ensure people are as healthy as possible.	11/06/24

CIW has not issued any Priority action notices following this inspection.

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

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