Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Ashville Residential Home

Ashville Residential Home, Bristol Terrace, Brithdir, New Tredegar, NP24 6JG

01443834842

www.ashvillecare.co.uk

The inspection visits for this service took place between 19/06/2026 and 23/06/2026

Service Information:

Operated by:	Ashville Residential Home Ltd
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with nursing, Care home for adults - with personal care, Provision for learning disability, Provision for mental health
Registered places:	35
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	Good
Care & Support	Good
Environment	Good
Leadership & Management	Good

Summary:

The service is in Brithdir, Caerphilly and provides accommodation for older people with mental health needs who may require nursing care.

People living at the service experience good well-being. They are supported by a caring and well-trained staff team who promote dignity, respect and individual choice. People told us they feel safe and comfortable living at the service. Staff carry out activities as part of their duties and there are regular entertainers who visit the service.

People receive good quality care and support from staff who know them well and have developed positive relationships. Positive feedback from relatives demonstrate they feel welcomed and involved in their family member's life and care. Personal plans are reviewed regularly to reflect people's changing needs; however, further development is required to strengthen outcome-focused care planning, to ensure people's personal goals, preferences and aspirations are clearly identified

and consistently embedded within care delivery.

The service provides a safe, comfortable and welcoming environment that supports people's health and well-being. There are regular Health and Safety checks to identify and reduce risks. Ongoing improvement to the premises demonstrates a commitment to enhancing people's living environment. We rate the environment as Good.

Leadership and management is Good. Arrangements are effective and support the day-to-day running of the service. Leaders promote a strong ethos of providing good care to older people. The Responsible Individual (RI) has effective oversight of the service and performs regulatory duties as required. Feedback from people, relatives, staff and professionals shows confidence in the management team.

Findings:

Well-being — Good

People are treated with dignity and respect and feel valued. People are encouraged to make everyday choices to select their clothes, participate in activities and spend time as they want. People are enabled to maintain familiar routines, which helps to promote confidence, reassurance and emotional well-being. Staff are familiar to people and know them well. People, relatives and professionals told us people receive care and support in a respectful and person-centred manner. "*The home is run with a supportive and caring ethos. The team ensure the individuals living in the home are the main priority every day."*

People are safeguarded from harm and experience positive outcomes in relation to their safety. Staff support people in ways that promote independence while ensuring potential risks are identified and managed appropriately. Staff receive safeguarding training and demonstrate an understanding of their responsibilities to protect people and respond appropriately to concerns. Policies are in place to safeguard people who live, work and visit the service.

People are supported to develop and maintain positive relationships with others. The service is organised into smaller community living areas, which helps promote a homely environment and enables staff to get to know people well. Friends and relatives are welcomed to the service helping people maintain relationships. People have opportunities to participate in activities and socially engage with others to support their emotional and social well-being. Entertainers visit the service. The provider is reviewing activity arrangements in the absence of designated activity staff. One relative told us what they like about the service, *"The quality of support, the friendliness of staff who are very helpful and relatives are kept well informed."*

People live in comfortable accommodation that supports their well-being. The environment is well maintained and work is on-going to make it look more homely and to adopt more dementia friendly approaches. Bedrooms are personalised for people who want it. People have access to facilities and equipment which support them to remain as independent as possible in their day-to day lives.

The service provider does not currently offer the service through the Welsh language. People are asked about their preferred language as part of the admissions process, and information can be provided in Welsh upon request. People are supported to celebrate cultural activities and events that are important to them promoting inclusion and recognising their individual backgrounds and identities.

Care & Support — Good

Staff deliver care and support to a consistently good standard and demonstrate a clear understanding of the individuals they support. Staff have access to up-to-date personal plans and clear guidance to support them in meeting people's assessed care and support needs. When individuals present with behaviours that may challenge, plans identify potential triggers and outline preventative responses to promote well-being and reduce distress. Ways to improve the information to better reflect people's preferences, choices and daily experiences were discussed.

Personal plans are routinely reviewed and updated when changes in need are identified. Families and representatives are engaged in the review process which provides transparency regarding their loved one's care and well-being although further work to embed an outcomes-focused approach to care delivery is recognised. Outcomes for people require improvement to show whether people have achieved their personal outcomes and we expect the providers to make the necessary changes to ensure personal plans reflect up to date information.

People are supported to maintain their health and remain safe. Peoples' health needs are monitored effectively, enabling the service to respond promptly to any changes in presentation or wellbeing. The service works collaboratively with health and social care professionals to ensure people receive the support they require. Feedback from health professionals was positive they told us they are confident any recommendations made to the service will be acted upon in a timely and effective manner.

People receive care and support from staff who understand their needs and respond appropriately to changes in their well-being. Staffing arrangements are routinely reviewed to ensure staff have the necessary skills across the service and can be adjusted to match people's assessed needs. During the inspection, we observed staff responding promptly and appropriately to people's needs**.** Interactions between staff and people are warm, respectful, and compassionate, contributing positively to individuals' comfort and well-being.

People receive their medication as prescribed in accordance with national guidelines. Robust medication management systems are in place, with medication administered by qualified nurses. We saw evidence of regular internal monthly audits with oversight from Local Health Board. Medication errors are monitored, investigated and addressed appropriately, demonstrating effective governance and a commitment to safeguarding people from harm.

Environment

Good

People benefit from a warm, comfortable and welcoming environment that promotes their well-being. The home is arranged into smaller community style living areas, which helps create a more familiar and homely atmosphere for people. The provider is committed to improving the environment and has identified opportunities to develop the lower floor of the property. Planned improvements include the creation of additional communal space and upgrade of the garden area. These developments have the potential to enhance people's opportunities for social interaction and an outdoor space further supporting positive outcomes for their well-being.

People live in an environment where risks are appropriately managed and safety is promoted. Records confirmed routine testing and servicing of utilities and equipment, including hoists and slings, in accordance with regulatory requirements. Fire safety systems are tested regularly, and Personal Emergency Evacuation Plans (PEEPs) are in place, up to date and readily accessible to staff. Routine fire drills are conducted to help ensure staff understand their responsibilities and can respond effectively in an emergency**.** A designated maintenance person carries out routine checks and general repairs, ensuring issues are addressed promptly and effectively.

There is an effective approach to assessing, managing and preventing the risk of infection, with clear roles and responsibilities. Infection prevention and control (IPC) is supported by regular audits which enable oversight and identification of any emerging concerns. The service has achieved a food hygiene rating of 3, demonstrating hygiene standards are generally satisfactory. We were assured work has been taken to address any outstanding issues and a further food hygiene inspection is planned. Overall, people are supported in an environment where attention is given to maintaining their health, safety and well-being.

Leadership & Management — Good

The service provider has well established governance systems in place to monitor quality, safety and regulatory compliance, which contribute to the effective running of the service. The service provider has established robust quality assurance and monitoring arrangements, including audits, data analysis, and regular review meetings. These processes identify areas for improvement and drive positive change within the service. The RI has good oversight of the service. Three monthly visit reports demonstrate consistent engagement, visibility and accountability. The provider is using additional opportunities to gather people's views and strengthen consultation supporting people to have a greater voice in shaping the service they receive.

The provider has robust selection and vetting arrangements which ensure staff are suitable to work with people who may be vulnerable. All new staff complete an induction programme that includes mandatory training and access to key policies and professional codes of practice. This equips staff with the knowledge and skills to deliver consistent, person-centred care that supports people to achieve their personal outcomes.

The service provider ensures that staff have access to ongoing training, supervision, and professional development. Staff development strengthens practice, promotes confidence, and supports workers to respond effectively to people's changing needs. Nursing and care staff maintain registration with their relevant regulatory bodies, ensuring accountability and professional standards are upheld. People benefit from a relatively stable and consistent staff team who know them well. This continuity supports positive relationships and helps people feel safe and enhances their daily experiences. Comments from staff included, *"Good teamwork and supporting the residents in every way we can and they need."* and *"Good team, support off other staff, overall, a good place to work."*

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 must be confident information in their personal plans is up to date and reflective of their likes and preferences.	19/06/26

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