Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Mumbles Nursing Home

Mumbles Nursing Home, 278 Mumbles Road West Cross, Swansea, SA3 5AB

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http://www.plasnewydd-care-home.co.uk

The inspection visits for this service took place between 24/08/2026 and 25/08/2026

Service Information:

Operated by:	Plas Newydd Care Ltd
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care and support for people with mental health needs, Care and support for people requiring short-breaks or respite care, Care and support for people with a physical disability, Care and support for people living with dementia
Registered places:	28
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:

Well-being is rated good because people reported feeling safe, happy and well supported. Relatives consistently described people as settled, respected and treated with dignity. Meaningful activities, family involvement and person-centred support promoted positive wellbeing outcomes. Welsh language provision was developing but not consistently evidenced through an active offer approach.

Care and Support is rated good as people received personalised care that generally met their assessed needs. Care planning, safeguarding and medication management arrangements were effective, supported by positive feedback from relatives and professionals. Minor opportunities were identified to strengthen person-centred information and some care records.

Environment is also rated good because people lived in a generally clean, welcoming and well-maintained home with appropriate facilities, equipment and safety systems. Relatives and professionals spoke positively about the environment. However, the prolonged lift outage created risks relating to mobility, dignity and emergency evacuation, and Long Term Care Team (LTCT) findings highlighted environmental and equipment concerns requiring ongoing monitoring.

Finally, Leadership and Management is rated good because leadership was stable and well regarded by staff, relatives and professionals. Governance arrangements included audits, quality reviews, RI oversight and staff supervision. Improvement plans had been implemented in response to LTCT findings. However, quality assurance systems had not consistently identified some environmental and safety concerns, indicating a need to strengthen audit effectiveness, training oversight and governance assurance.

Findings:

Well-being — Good

People experience positive wellbeing outcomes and are supported to live safely, make choices and maintain important relationships. Residents told us they were happy living at the home, felt safe and received support in the way they wanted. Relatives consistently described people as settled, well cared for and treated with dignity, with comments including "*very settled*," "*looks cared for*," and "*100% very happy*".

People were involved in decisions about their care, daily routines and activities. Care records demonstrated ongoing monitoring of health needs, risks and outcomes, with access to specialist advice and support when required. Relatives told us they were kept informed of changes in their family member's wellbeing and felt confident in the care provided.

Safeguarding arrangements were in place and staff had access to policies, training and reporting procedures. Residents reported feeling safe and there was evidence that concerns could be raised and responded to appropriately. Relatives expressed confidence that people were protected and supported.

People were encouraged to maintain relationships with family and friends and participate in meaningful activities. An activities coordinator was employed and a varied programme of activities, celebrations and community engagement opportunities was available. Relatives highlighted the welcoming atmosphere, strong family involvement and positive social opportunities within the home. Observation and activity records demonstrated that people were supported to participate in activities that reflected their interests and preferences.

People lived in accommodation that generally met their needs and promoted comfort, safety and accessibility. Relatives and visiting professionals described the home as clean, welcoming and homely. People had access to communal areas, outdoor space and equipment that supported their wellbeing and independence.

Some concerns were identified regarding the impact of the prolonged lift outage, which affected access around the home and temporarily altered accommodation arrangements for one resident. Welsh language provision was developing, with some bilingual staff and signage available; however, evidence did not fully demonstrate that Welsh language needs were consistently identified, reviewed and proactively supported. Overall, people achieve positive wellbeing outcomes through caring relationships, meaningful engagement, personalised support and generally safe living arrangements.

Care & Support — Good

People receive personalised care and support that promotes their wellbeing, dignity and individual outcomes. Residents told us they felt safe and supported, whilst relatives consistently described care as compassionate and responsive, commenting that staff "*treat her like family*" and "*I wouldn't want her anywhere else*." provide excellent communication and support people to maintain their wellbeing.

Care records demonstrated comprehensive assessments, care planning, risk assessments and regular reviews. People's health needs were monitored appropriately, including nutrition, hydration, skin integrity and mobility, with referrals made to health professionals when required. Activities were tailored to individual interests and preferences, helping people remain engaged and maintain important relationships. Visiting professionals described care as person-centred and observed positive partnership working with families and external agencies. Some opportunities for improvement were identified. One care file lacked sufficient personal history and person-centred information, and a small number of inconsistencies were noted in pressure care documentation, requiring review to strengthen assurance that care records accurately reflect people's needs.

Safeguarding arrangements were in place, with staff having access to safeguarding policies, training and reporting procedures. Records demonstrated safeguarding concerns were appropriately recorded, monitored and reviewed. People and their representatives were provided with information about how to raise concerns, and staff understood their responsibilities for protecting people from harm.

Medication systems were well established. Policies, audits, storage arrangements and administration records provided assurance that medicines were managed safely. Monthly audits demonstrated good oversight and evidence of improvement where minor recording issues had previously been identified. No significant medication concerns were identified during the inspection.

Appropriate infection prevention and control arrangements were in place, including staff training, PPE availability, cleaning systems and monitoring processes. Relatives consistently described the home as clean and well maintained. However, previous LTCT monitoring identified issues relating to cleanliness, equipment hygiene and storage arrangements. The provider had acted to address these concerns, although continued oversight is required to ensure improvements are sustained.

Overall, people benefit from caring staff who know them well and provide support that is responsive to their needs. Care planning, safeguarding and medication management arrangements support positive outcomes for people, although some record-keeping and quality assurance processes would benefit from further strengthening.

Environment — Good

People live in a safe, comfortable and well-maintained environment that supports their wellbeing and independence. Relatives consistently described the home as "*spotless*," "*clean*," "*comfortable*" and supportive of their family members' wellbeing, while a visiting professional described the home as clean, welcoming and homely.

People have access to suitable accommodation, communal areas, outdoor spaces and equipment that support their assessed needs. Bedrooms were personalised, clean and appropriately equipped. The home had effective maintenance arrangements, servicing records, fire safety systems and specialist equipment available to promote safety and wellbeing. Evidence also showed ongoing investment in the environment, including refurbishment works, redecorating and improvements to outdoor areas.

However, a prolonged lift outage had affected residents living on the upper floor and required one resident to be temporarily accommodated elsewhere in the home. This presented potential risks relating to dignity, privacy, mobility, access to activities and emergency evacuation. Some additional environmental concerns were identified through Long Term Care Team (LTCT) monitoring, including equipment storage, damaged furnishings and cleanliness issues. The provider had responded with an improvement plan and remedial actions.

The service had health and safety systems in place, including risk assessments, fire safety arrangements, maintenance monitoring, contingency planning and updated PEEPs. Management responded to the lift failure through risk assessments, communication with families and liaison with relevant agencies. Maintenance records and safety certificates provided assurance that key safety systems were monitored.

Inspection evidence also identified risks requiring ongoing oversight. These included the continued impact of the lift outage, bed rail safety concerns, infection prevention issues, equipment storage arrangements, environmental cleanliness concerns and an electrical safety issue requiring further assessment. While the provider had taken action and developed improvement plans, the findings indicate that environmental monitoring and quality assurance processes require strengthening to ensure emerging risks are identified and addressed promptly.

Overall, people benefit from a pleasant and well-maintained environment, with positive feedback from relatives and professionals. Further improvement is required to strengthen environmental oversight and provide assurance that safety and maintenance issues are consistently identified and resolved at the earliest opportunity.

Leadership & Management — Good

People benefit from stable and visible leadership arrangements. The Registered Manager and Responsible Individual (RI) provide oversight through statutory visits to the service, Quality of Care reviews, audits, feedback mechanisms and regular supervision of staff. Governance systems support person-centred care, continuity of service and positive outcomes for people.

Leadership was viewed positively by staff, relatives and professionals. Staff described management as supportive, approachable and communicative, with strong teamwork and a positive workplace culture. Relatives consistently reported management were responsive and maintained open communication. Visiting professionals described the service as well organised, collaborative and committed to people's wellbeing, dignity and rights. These arrangements help people receive care from a stable and supportive workforce.

The service has established quality assurance systems including audits, stakeholder feedback, complaints monitoring, quality reviews and Responsible Individual oversight. Quality of Care reports demonstrated increasing focus on measurable outcomes, safeguarding, staff development and service improvement. Evidence showed the provider acted on concerns identified by the Long Term Care Team (LTCT) visit through an improvement plan, enhanced monitoring and strengthened managerial oversight.

However, the LTCT findings identified environmental, equipment and infection prevention issues that had not been fully identified through routine quality assurance processes. While the provider had a quality assurance folder and action plan in place, audit systems, action tracking and governance monitoring require further strengthening to provide greater assurance that emerging risks are identified promptly and consistently. The Statement of Purpose would also benefit from updating to strengthen governance and regulatory assurance.

Staffing was stable, with consistent nursing cover, low turnover, regular supervision and appraisal arrangements. Staff reported feeling valued and supported and all respondents said they would recommend the service as a place to work. Training compliance was generally good at 91%, with evidence of specialist and mandatory training. However, some staff had incomplete or expired training, indicating further management oversight is required to ensure competency requirements remain up to date and people continue to receive safe care.

Overall, leadership and management arrangements support positive outcomes for people and demonstrate a commitment to continuous improvement. Further strengthening of audit effectiveness, governance oversight and training compliance would improve regulatory assurance and support sustained service improvement.

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.

CIW has no areas for improvement identified following this inspection.

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

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