Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Chilton Place

14 Alma Street, Brynmawr, Ebbw Vale, NP23 4DZ

01495313673

The inspection visits for this service took place between 11/11/2025 and 02/12/2025

Service Information:

Operated by:	Glaslyn Retirement Homes Limited
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with nursing
Registered places:	24
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**	**Requires Improvement**
 **Leadership & Management**	**Requires Significant Improvement**

Summary:

The service is located in Brynmawr, a picturesque market town in Gwent, which is located only a short distance from both Abergavenny and Crickhowell. The service is able to meet the needs of people with a wide range of physical and emotional needs.
We rated the well-being at the service as "*Requires improvement*". This is because there are systems in place to promote people's participation within the local community and involvement within the service; however, these require strengthening. We rated care and support at this service as "*Requires improvement*". This is because personal plans do not always clearly set out people's current needs. The environment is in need of attention to refresh areas which are showing wear and tear and so this is also rated as "*Requires improvement*". Leadership and management require significant improvement as there needs to be more robust oversight to ensure smooth and effective running of the service.

Findings:

Well-being — Requires Improvement

All personal plans contain wellbeing goals; however, these are mostly task-focused rather than being things identified by people as goals meaningful to them. Activities are available within the service. This includes a mixture of in-house activities facilitated by care workers and other activities organised by dedicated activities staff. We saw a planner with seasonal activities which included singers attending the service, as well as seasonal parties and other celebrations. Some of the scheduled activities are available at other sites and so transport is required. Community trips take place when care workers are available to facilitate this. People enjoy these outings. The service shares access to a vehicle and a driver meaning access to trips away from the local community can be facilitated. People told us they enjoyed activities available; however, they would like more opportunities to participate in things they enjoy.

There is bi-lingual signage around the service with rooms identified in picture format and also written form for ease of understanding. Days of cultural importance are celebrated including St David's Day, and there are areas within the service celebrating Welsh singers.

People's communication needs are identified in their personal pans. Any specialist equipment to support people's communication for example hearing aids and glasses is documented so care workers can ensure these are readily available for people. There is a service user guide available to all people within the service, setting out what they can expect from the service provider.

People are kept safe from harm and abuse. There is a robust policy in place and care workers are aware of their responsibilities and what to do in the event of a safeguarding event. Referrals and contacts with external agencies including General Practitioner (GP), district nurse and chiropody are made when required. This promotes people physical and emotional well-being by providing routine and responsive care to people as their health needs change.

Care & Support — Requires Improvement

People's personal plans vary in detail. Some plans set out people's needs well and identify their likes interests and social history. However, three of the four plans reviewed during this inspection provided insufficient or contradictory information making it difficult to identify people's current needs. All personal plans contain risk assessments, however some of the information within the risk assessments is different from what is contained within their personal plans. Some risk assessments lack detail about past incidents which is relevant to robustly consider risks to people. All personal plans and risk assessments are regularly reviewed. There isn't always evidence of people or their families being involved within these reviews. The service manager has identified issues with the current electronic system in use, and the service intends to change to a new platform which will ensure people's needs are set out in a clearer way.

Medication practices have improved since the last inspection. Medication rooms are clean and organised with appropriate measures in place to ensure safe administration of medications. Audits are completed regularly, however these needs to ensure to record some information in more detail to ensure accuracy. There are processes in place to ensure appropriate legal safeguards are in place for those people who need them.

There are processes in place for infection prevention and control, however care workers do not regularly follow these. Materials hazardous to people's health are not always appropriately disposed of. This was raised at the first inspection visit and assurances given this would be corrected. At the second visit, we observed the same practices. The manager has assured this will be promptly addressed to ensure appropriate measures are taken in this area.

People told us care workers are "*Very good*" and "*Respectful*". Some people told us they feel care workers can seem rushed. We observed some friendly interactions between people and care workers and care workers know people well. Care workers respected people's choices. We did also observe times when care workers were busy, and interactions with people became more task focussed due to the number of tasks care workers were trying to manage.

Environment

Requires Improvement

The service is a large space offering people a selection of communal spaces where they can choose to spend their time. Some communal spaces are warm, and seasonal decorations are on display. In some areas we saw pictures of the local area, and famous singers on display which create a sense of belonging which provides the opportunity for discussion and reflection on local history and popular culture. People's bedrooms are personalised and decorated to their own tastes. We observed personal items and trinkets on display, including photographs other decorative items.

There are areas within the service that need attention. We observed numerous areas where paint is scuffed or chipped as well as seeing broken items within the service. Not all storage rooms are locked making them accessible to people. This presents potential risks as items that can be hazardous to people's health are accessible. This includes ladders and cleaning equipment as well as access to the boiler and uncovered hot pipes. Emergency pull cords are not always accessible to people. We saw these pull cords out of people's reach in both communal spaces and within people's bedrooms. This puts people at risk as they are not able to call for help in an emergency. Emergency equipment for use in a fire is not easily accessible due to being blocked in by wheelchairs and other items. Some of these issues were raised at our first visit but not addressed by the second visit.

Appropriate safety checks are completed to ensure all equipment within the service is safe to use. Required safety certificates are available. The service has the support of a maintenance team who are able to complete any repairs as required. An issue identified with window restrictors at our first inspection visit was fully addressed by the second inspection visit.

The responsible individual (RI) is aware of the issues within the service that require attention and has given us assurances these will be addressed promptly.

Leadership & Management

Requires Significant Improvement

There are processes to ensure care workers are recruited safely. References from past employment are provided and Disclosure and Barring Service (DBS) checks are completed for all care workers. Most information required is collated by the service during the recruitment process. There is a robust induction to support new care workers into their role. This involves completing required training and regular supervision sessions with a senior or manager. Paperwork is not always fully completed to reflect the induction work new care workers complete. Staff are supported with regular supervision. These sessions are meaningful and provide an opportunity to reflect on workplace issues as well as issues outside of work which may be impacting care workers. All care workers are required to complete regular refresher training to ensure they have up to date skills and knowledge to complete their role. Not all care workers are up to date with their required training. This includes training in key areas, including risk assessments, infection prevention and control and record keeping modules. Manual handling and food safety training levels were also areas where not all care workers have completed their required refresher training modules. This puts people at risk of harm if staff are not receiving regular training to ensure their practice remains correct and in line with the most up-to-date guidance.

There are processes in place to oversee accidents and incidents, however these lack information about what actions have been taken after situations have concluded, which could be taken to prevent similar occurring again. Complaints are addressed by the service in line with their policy. Information about learning or actions taken was not available during inspection, however assurances were given that reflection sessions and lessons learnt are embedded within the service. Team meetings happen regularly and these update care workers on issues related to the service. People have the opportunity to share their views as part of residents' meetings, and these are well received.

The RI completes their regulatory visits and completes a robust report of their findings. A quality-of-care report provides a summary of the service and sets out areas that require improvement or attention. Providing timescales and measurable indicators will make these reports more robust and support the RI is ensuring they have clear oversight of the service.

From the issues identified during this inspection we have issued a priority action notice. People are at risk of harm due to the issues identified, and we expect the provider to take immediate action.

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.

CIW has no areas for improvement identified following this inspection.

Summary of areas for Priority Action	Date identified
People are at risk of harm due to the lack of oversight to ensure the service processes and procedures are consistently implemented by care workers.	11/11/25