Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Nant Leiros House

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The inspection visits for this service took place between 28/10/2026 and 29/10/2026

Service Information:

Operated by:	Care Without Compromise Limited
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care and support for people with a learning disability, Care and support for people with mental health needs
Registered places:	7
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 have choice and control, feel safe and are supported to maintain relationships, independence and meaningful community participation. People spoke positively about their home and staff. Welsh-language provision requires further development to strengthen the Active Offer.

Care and Support is rated Good because people receive individualised care which reflects their needs, preferences and desired outcomes. Care planning, medicines management and safeguarding arrangements generally support positive outcomes. Improvements are required to ensure safeguarding procedures reflect Welsh requirements and staff knowledge of infection prevention guidance is strengthened.

Environment is rated Good because people live in a generally safe, comfortable and homely environment, with evidence of continued investment and refurbishment. Some environmental and fire-safety improvements require continued oversight, alongside consideration of people's privacy arrangements and completion of planned external works.

Leadership and Management is rated Good because governance arrangements provide effective

oversight, with positive feedback from staff and relatives and evidence that identified issues lead to improvement. Quality assurance, recruitment and staff development systems are established. Continued oversight is required regarding training, policy accuracy, environmental improvements and identified recording issues.

Findings:

Well-being — Good

People experience positive well-being outcomes and have choice and control over their daily lives. Inspection evidence indicates people are involved in decisions, supported to manage risks positively and encouraged to develop independence, including managing aspects of their finances where appropriate. People confirmed they receive support in ways they want and can pursue their own interests. One person said, "*I'm happy living here,"* while another valued having their "*own space*" and described staff as "*brilliant."*

People are supported to make choices and do things that matter to them. Opportunities include cookery, woodwork, football, classes, meals out and community activities. Daily living skills are promoted, including cooking, cleaning and laundry. People are also encouraged to take positive risks and participate within their communities.

People told inspectors they feel safe and are supported appropriately. Safeguarding arrangements, risk management and mechanisms for people to have their voices heard are established. Relatives provided strong reassurance, with one stating, "*We never worry about him there. We know he's safe."*

People are supported to maintain family and community relationships and pursue individual interests. Relatives described staff as knowing people well and supporting independence, community outings and family contact. A particularly positive example involved a person developing their interest in music into DJ opportunities, including performing at community and company events and earning an income, promoting confidence, independence and self-esteem.

People said they were satisfied with their accommodation, and relatives considered it safe, comfortable and supportive of well-being. However, further environmental improvements remain planned. Welsh-language provision also requires development. The service does not currently proactively identify and meet Welsh-language and cultural needs, bilingual signage is absent and information is bilingual only on request, although three staff are bilingual.

Overall, evidence demonstrates good well-being outcomes, with people feeling safe, valued and supported to exercise choice, maintain relationships and develop independence. The principal area for improvement is strengthening the Welsh-language Active Offer so people's language and cultural needs are proactively identified and supported.

Care & Support — Good

People receive person-centred care and support which helps them achieve positive outcomes. Care records sampled were detailed, current and reflected people's individual needs, preferences, risks, health needs and desired outcomes. People told us staff support them in the way they want. One person said staff were "*brilliant*," while others described enjoying activities, community access and developing everyday living skills.

People are supported to maintain independence, choice and meaningful lives. Care planning showed involvement in decisions, monitoring of health needs and timely access to professionals. People participate in varied activities including cookery, woodwork, social outings and community opportunities. Visiting professional feedback rated care and support as "*excellent*," highlighting safety, independent living skills, community participation, employment opportunities and beneficial psychological support.

Systems are in place to protect people from harm and abuse. Staff have access to safeguarding and whistleblowing procedures, receive relevant training and understand their responsibilities for raising concerns. Safeguarding records are maintained and people are provided with information about raising concerns. However, the provider's safeguarding policy relies substantially on English legislation and guidance and should be reviewed to ensure Welsh legislation and the Wales Safeguarding Procedures are clearly reflected.

Medicines were generally managed safely. MAR records sampled showed prescribed medicines had been administered, appropriate storage arrangements were in place and monthly audits were completed. A discrepancy involving one medicine was investigated and identified as a recording error. Management agreed to introduce improved arrangements for recording returned medicines.

The environment was generally clean and appropriate PPE, waste and laundry arrangements were evident. Staff had completed infection-control training. However, general cleanliness of shared areas and staff knowledge of current Public Health Wales infection prevention and control guidance required improvement. The provider should strengthen staff knowledge through refresher training and competency checks to ensure guidance is consistently understood and applied.

Overall, evidence indicates people receive good, individualised care and support**,** with identified shortfalls principally relating to documentation, policy accuracy and staff knowledge rather than evidence of poor outcomes for people.

Environment — Good

People live in an environment that generally supports their safety, comfort and well-being. The premises were observed to be homely, welcoming and pleasantly furnished, with appropriate communal areas and sufficient space for people to meet or spend time privately. People spoken with said they felt safe and were satisfied with their accommodation. Relatives also described the home as clean, safe and comfortable and considered the environment supportive of their relatives' well-being. Staff similarly described the service as clean, safe, welcoming and well maintained.

The provider has continued to invest in the environment. Improvements since the previous inspection include replacement of the hallway flooring, redecoration, a renewed kitchen, new furniture and completion of several items within the stock condition programme. Bedrooms viewed were personalised and generally clean, with appropriate storage, lighting and facilities. Bedroom checks identified that privacy locks were not fitted to two bedroom doors sampled. While people's privacy was otherwise respected, the provider should consider people's individual wishes and assessed needs regarding bedroom privacy and ensure appropriate arrangements are available.

Equipment and facilities were considered sufficient to meet people's assessed needs.

Some improvements remain necessary. Parts of the garden are currently fenced off and inaccessible for safety reasons, and there is limited suitable space for people to relax outdoors. Works to the garden and swimming-pool area remain planned, alongside assessment and proposed works to the carpark retaining wall. Some further refurbishment and maintenance are also outstanding. The provider has plans to further develop the garden to promote activities, independence and well-being.

Systems are in place to monitor maintenance and environmental risks, with maintenance recorded through QFM and Nourish. Gas and electrical safety documentation was available, and evidence confirmed that electrical concerns had been remedied. Fire alarms, emergency lighting and extinguishers were maintained, and staff had completed fire training and drills.

However, fire-safety documentation identified remedial works relating to fire doors, compartmentation and exit mechanisms. Although subsequent records indicate actions had been completed and signed off, inspectors also found paper PEEPs were not available in the emergency grab bag, with staff relying on electronic records. Overall, the environment supports positive outcomes, with evidence of investment and improvement, but continued provider oversight is required to ensure outstanding external, refurbishment and fire-safety works are fully completed and sustained.

Leadership & Management — Good

People benefit from a service which is well led and managed. Governance arrangements are established, with clear management responsibilities, policies and systems to monitor care. Staff described managers as approachable and supportive, with all respondents reporting that they felt very well supported. Relatives also described management as approachable, responsive and open in their communication. The provider has established policies and procedures to support effective governance and safe care. These provide clear frameworks for quality assurance, safeguarding, complaints, medicines and infection control. However, some policies contain English legislation and Care Quality Commission (CQC) references. The provider should ensure policies accurately reflect Welsh legislation, regulatory requirements and current guidance.

Leadership arrangements support positive outcomes for people. The responsible individual (RI) has regular involvement in the service and the manager receives weekly support from the RI. Staff reported clear leadership and direction. Recruitment records sampled were largely compliant, with regular supervision and annual appraisal evident.

There are established systems for monitoring quality, including Responsible Individual (RI) statutory visits, Quality-of-care reviews, audits, resident and family feedback and organisational quality monitoring. RI reports provide evidence of oversight and identified improvements. For example, missed medication signatures identified in July had been addressed by the next report in October, when records showed no MAR gaps. Agency use had also ceased following earlier staffing pressures. Quality assurance remains an area requiring continued management attention. Team meetings identified recurring issues with care recording, mandatory training, cleanliness and routine safety checks. Management responded through refresher training, increased senior oversight and reinforcement of staff responsibilities.

Evidence indicates ongoing investment and planned improvement. The provider described plans to invest in outdoor facilities, while refurbishment has already included replacement flooring, decoration and other improvements. Some environmental works remain outstanding or subject to funding, including garden improvements, and therefore require continued oversight.

People are supported by a workforce that staff and inspection evidence indicate is knowledgeable and supported. Core mandatory training compliance was 97%, although service-specific training was 88% and specialist training 70%, demonstrating areas requiring improvement. Rotas showed earlier staffing pressures and overtime use, but improvement was evident, including cessation of agency use. Overall, leadership systems are supporting positive outcomes, with evidence that identified issues are acted upon and improvements made.

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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