Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Woodside & Elms

Bettws, Newport, NP20 7AE

01633858642

https://accomplish-group.co.uk

The inspection visit took place on 24/09/2026

Service Information:

Operated by:	Accomplish Group Specialist Care 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 a physical disability, Care and support for people with mental health needs
Registered places:	8
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	Excellent
Care & Support	Good
Environment	Good
Leadership & Management	Good

Summary:

Wellbeing is excellent at Woodshed and Elms. Staff use innovative, person-centred approaches to improve independence and well-being. People achieve meaningful outcomes through community participation, hobbies, positive risk-taking and technology. They enjoy choice, cultural inclusion and social connections, while skilled staff provide safe, compassionate support that promotes dignity and safeguards individuals.

Care and support is good. People receive safe, person-centred care supported by effective multi-agency working, positive risk management and robust healthcare arrangements. Staff know people well and promote independence, choice and wellbeing. Improving personalised care planning and co-produced outcomes will further strengthen responsive support.

The environment is good. Woodside and Elms comprising of two properties supporting eight people in a safe, accessible, and homely environment. Spacious indoor and outdoor areas promote independence, social interaction, meaningful activities and well-being. Ongoing maintenance and improvements ensure peoples safety and quality of life.

Leadership and governance arrangements are good and effective, with robust oversight, responsive quality assurance processes and a strong commitment to continuous improvement. Leaders act promptly when concerns arise, support staff development, recognise achievement, and ensure policies, training and practices promote high-quality, safe and person-centred care.

Findings:

Well-being — Excellent

Staff demonstrated innovative approaches to supporting people to overcome barriers and increase independence. This was evident throughout the service during inspection. People have been supported to gradually access the community after longstanding anxiety. Creative environmental adaptations have been implemented which has improved outcomes and reduced distress. Innovative use of technology has been implemented to support communication and promoting positive risk management.

People are supported to pursue individual outcomes that are meaningful to them. People regularly access activities chosen by them and in line with their interests. Activities include; dancing, support groups, coffee outings, holidays, music therapy, drumming, gym sessions and social opportunities. People are supported when developing new interests and hobbies and the practical steps to achieve them.

A four-week meal planner was displayed within the dining room. Inspectors noted that some meal options were presented in both Welsh and English, demonstrating efforts to promote Welsh language and culture within the service. The meal plan also identified peoples' choices. All people had the opportunity to choose their preference and share that meal within the service. Other options were available if people wished. The meal plan provide opportunity for everyone to come together communally and enjoy a meal together.

People are safeguarded from abuse and neglect. People are provided with a secure environment where they always feel safe. There are effective mechanisms in place to ensure every voice is heard and respected. Staff are appropriately trained in safeguarding and evidence reviewed during inspection demonstrates that staff have an understanding how to apply that knowledge.

People are supported by staff who know them well. During inspecting staff were observed sitting with people relaxing and enjoying conversation. These connections were enjoyed by both staff and people alike. Positive feedback was shared at an organisational level. Praising staff for their understanding, knowledge and practice in supporting people at the service.

Staff work in close partnership with internal and external stakeholders to address any information, advocacy, and support gaps for people. People maintain and improve upon their physical, mental, and emotional health because of the collaborative approach used by staff.

Care & Support — Good

The service has access to professionals within a multiciliary team within the organisation. In addition, staff work collaboratively with external professionals, including health and social care practitioners. This ensures people receive appropriate specialist support when required. This multi-agency approach helps ensure that people's physical, emotional and behavioural needs are identified and addressed promptly.

Staff regularly review behaviour support approaches in collaboration with people and relevant professionals. This ensures that the service can continue to support the people. If peopled needs change, the service seeks alternate appropriate options that is in the best interest of the people at the service.

People are protected where possible from the risk of infection because premises and equipment are kept clean and hygienic, and food hygiene practices are good. The service was allocated a 5 at the most recent Food hygiene standards.

Risk management arrangements are proportionate and person-centred. Positive risk-taking is encouraged where appropriate, enabling people to pursue opportunities and experiences whilst maintaining their safety. The support provided to individuals undertaking holidays, accessing the community independently and developing relationships demonstrates a balanced approach to risk and autonomy.

Medication support appears to be managed safely, with systems in place to monitor administration and address any concerns. Regular reviews of medications are completed in a timely manner, involving people where appropriate and the relevant professionals. Staff receive training relevant to their roles and demonstrate knowledge of people's healthcare needs.

Leaders at the service know people very well. The information within the personal plans do not always reflect the level of knowledge and personalisation that is known of the people they support. Ensuring the plans contain up to date knowledge of the people they support ensures that all staff members can be flexible in their approach. Adapting when people’s needs change, ensuring support remains relevant and responsive. The service have begun working on these improvement and CIW look forward in seeing the improvements next inspection.

People are achieving good outcomes. Further planning and coproduction of wellbeing outcomes with people will further evidence the continuous work being carried out with people to ensure they continue to achieve their goals and the steps taken to achieve this.

Environment

Good

The service consists of two separate properties; Woodside and The Elms. 8 people are supported across the two properties. There is extensive outdoor space with well-maintained grassed areas for people to enjoy. The environment provides people with opportunities to spend time outdoors independently, socialise with others or enjoy visits from relatives and friends. The service is accessible via a coded entrance with the safety of the people as the priority. These arrangements support people's safety while maintaining access to communal environment.

Woodside features a large open-plan living area where people were observed relaxing. The lounge overlooks the surrounding scenery and provides pleasant views of the local area. People can choose from a range of communal and private spaces. Enabling people to spend time alone, socialise with others or entertain visitors according to their preferences. Communal areas meet people's needs, promote independence and provide opportunities for private meetings, activities and recreation. There is an activity room where people were observed participating in craft activities and interact positively with staff while playing a card game. The layout supports easy movement throughout the service and remains suitable for people whose mobility is unsteady.

The Elms consists of two self-contained flats where people have personalised their living environments and created a homely space. Within the attic there is an office for staff and an activity room for people to enjoy. The activity rooms have recently been implemented because of the needs and wishes of the people using the service. Across the service there has been additional improvements including the installation of a television in the communal room for all people to enjoy.

The service provider ensures the premises comply with current legislation and national guidance in relation to health and safety, fire safety and environmental health. Regular servicing, maintenance and repairs of facilities ensures the safety and well-being of people using the service. Required repairs are discussed within team meetings and appropriate referrals are made by the manager. Progress made on the repairs is then followed up on further team meetings, ensuring all relevant actions have been completed.

Leadership & Management — Good

The responsible individual (RI) visits regularly and attends management and quality meetings. The service completes annual auditing to ensure that the standard at the service remains high. The RI identified that there was a dip in quality and requested additional organisational auditing. Additional time and resources were provided to support the service in strengthening the identified areas of concern. The RI and manger attended regular meetings discussing the improvements and ensuring all actions are completed within the designated timeframe. There were previous concerns around the culture as the service. As a result, a re-structure of the care staff within this process has supported the improvement within this area. During inspection this was evident when reviewing the RI reports. Leaders are accountable for the actions, behaviours, and performance of their staff. The actions taken during this period shows the high standards and expectation of the leaders within the service.

Staff are suitably trained to carry out their role; this includes both general training and training specific to the people they support. In emergencies, staff are confident and well trained to know who to contact in a crisis. Evidence viewed during inspection also shows staff can apply their acknowledge when managing concerns until further guidance is provided by senior management. The service provider ensures timely notifications are sent to relevant authorities. Ensuring appropriate actions are taken promptly to safeguard people and maintain service quality.

Staff undergo routine and regular checks to ensure they remain suitably fit to work in the service. This includes being appropriately registered with professional bodies such as Social Care Wales. Governance tools provide effective management oversight, ensuring all staff remain compliant. Regular supervision and appraisal with staff members also ensure that staff are suitably trained to do their role and address any areas of development. Development opportunities are also discussed within supervision and appraisals. During inspection evidence viewed showed staff being supported to complete relevant qualifications.

Achievement is recognised weekly at an organisational level. In house awards were introduced recognising staff feedback. Staff were recognised for their hard work, commitment and support provided to the people at the service. The provider collaborates with external professionals. External professionals were invited to attend staff meetings after staff requested further guidance within a specific area. Guidance was provided enhancing the support they can provide to people at the service. These examples show how the service provider listens to the staff members and acts on these suggestions where possible.
The provider's policies and procedures are appropriate and proportionate to the needs of people. the policies are understood and implemented by staff. Policies and procedures are reviewed regularly to ensure they align with current legislation and national guidance.

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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