Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

The Newton Grange

Langland Care Ltd, 26 Southward Lane Newton, Swansea, SA3 4QD

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Date(s) of inspection visit(s): The inspection visits for this service took place between 11/09/2025 and 19/09/2025

Service Information:

Operated by:	Langland care LTD
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	22
Main language(s):	English
Promotion of Welsh language and culture:	The service 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:

Newton Grange is a Residential Care Home which provides personal care to people, it is situated in Langland, with beautiful views over the bay and links to local community facilities. People experience Excellent wellbeing as they lead happy fulfilling lives supported by knowledgeable and motivated staff who know them well and communicate in the way they prefer. People are supported to live well, with opportunities to maintain, develop, and explore new interests and friendships.

Care and support is Good. Care planning documentation is strength-based and outcome focussed placing people at the heart of the service. People, relatives and visiting professionals gave good feedback of the care provided.

The environment is Good as it promotes safety and comfort and supports people to achieve their wellbeing outcomes. Improvements are underway to make the outdoor area more accessible for people.

The Leadership and management is Good as it is accessible, visible and fosters an inclusive culture. Governance and quality assurance arrangements are consistent and focus on service improvements. Staff feel supported and well equipped to fulfil their roles.

Findings:

Well-being — Excellent

People experience Excellent wellbeing as they live healthily and safely and are supported to achieve their personal outcomes. People are actively involved in decisions that affect them, and their voices are heard and respected. People told us they make daily decisions about how they wish to be supported and to achieve their wellbeing outcomes. A varied programme of meaningful activities is provided, and two activity co-ordinators are employed to engage people in both group and one-to-one activities. We saw people smiling and enjoying getting involved in a variety of activities throughout the day that were meaningful to them. Activities offered include singing, games, quizzes, one-to-one conversations, bingo, visiting entertainers and cooking. The service has recently invested in a minibus and people are offered community activities such as visits to the beach and shopping trips. We saw staff consistently offering people choices throughout the day and interactions between staff and people were warm and considerate. A visiting professional told us *"The care here is great, staff are fantastic, they're knowledgeable and they are on the ball".*

Safe and healthy relationships are encouraged, and people are supported to engage with their community. People told us they regularly attend a local church and those unable to attend can watch a live stream of the service on the TV in the communal area. The service promotes excellent relationships with family members and it is evident communication is very important. Families told us they can visit any time they wish, and family ties are supported and encouraged. People recognise the care team and management who are visible and engage with them to obtain their continuous feedback about the service. This means they can drive improvements and maintain robust oversight.

The provider ensures people are safe and protected from harm and abuse. People live in a secure and uplifting environment where they feel safe. Levels of staffing are appropriate to support people safely. The home is clean and well maintained with effective Health and Safety checks being completed. The provider continues to financially invest in the service and has plans to improve the environment for the benefit of people. Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make decisions about their care and accommodation. Safeguarding training is mandatory for all staff in the service. The service has security measures in place to keep people safe.

Care & Support — Good

Care and Support is Good as people receive the quality of care and support they need to achieve their personal outcomes. Assessments are completed by the provider to ensure the service can meet the persons care needs. Personal plans are thorough, informative and person centred. These are reviewed on a regular basis with involvement of the individual, their family or both. These plans provide the information required by care staff to deliver care that meets identified needs. Corresponding risk assessments are in place and are reviewed regularly. Most people have a “This is me” document that records personal preferences and important relationships. We discussed this with the manager who now has a planned programme to ensure this document is completed for more people with involvement from each person and their family. Daily records show that people’s care needs are being met but do not always detail the specific care given, for example fluid and nutrition monitoring and oral hygiene. The provider has since introduced a new daily care record to specify the individualised care the person is receiving. Warm and sensitive interactions were observed from staff towards people.

The risk of infection is minimised due to Policy, procedure and hygienic practices in place. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff were observed wearing suitable PPE and following correct procedures. The environment is clean and well maintained and with acceptable standards of hygiene. There is regular oversight and audit of infection control arrangements, and the service holds sufficient stocks of PPE.

The provider ensures people are protected from harm and abuse. Deprivation of Liberty Safeguards assessments are completed for those who require it, and review dates are monitored. Records of health professional appointments are maintained. Visiting professionals and relatives provided positive feedback about the care people receive. District nursing and other healthcare input is available as required and people’s physical health needs are met.

Safe systems for medicines management are in place. Appropriate medication policy and procedures are in place and staff complete regular audits. Overall, medication administration records are completed accurately. Medicines are stored securely in a locked cabinet and storage temperatures are recorded and monitored to ensure safety. Confidential documents related to people’s medication is also stored securely.

Environment

Good

The environment is rated as Good because it consistently promotes safety, comfort, and wellbeing of people. Newton Grange is a large building with a welcoming and homely feel. It has several communal spaces where people can choose to spend their time if they wish. We saw people making good use of these spaces relaxing, socialising or engaging in activities. Bedrooms are nicely decorated and individualised to people's preferences. There is a small outdoor area with seating that people can access if they wish. There is also a larger outdoor area which is currently being developed to make a more accessible area for people to access. The environment is consistently clean, and thoughtfully presented in a way that promotes comfort, dignity, and a sense of homeliness.

Overall, the service is well maintained and continued efforts are made to keep it in a good state of repair. On the day of the inspection, we highlighted areas of the service that needed attention to the provider, who responded promptly to this and ensured these were dealt with immediately. Where required, relevant adaptations and equipment are available to meet people's needs. This includes specialist beds, call systems and moving and handling equipment. We found bathrooms, showers, and toilets are designed to ensure privacy, dignity, safety, and accessibility.

The service provider ensures risks to health and safety are identified, mitigated and reduced. The service has a secure entry system in place and a visitors' book. This is to ensure the safety of people is maintained and to comply with fire regulations. We saw mandatory fire safety checks take place routinely and certificates for gas, fire detectors, fire extinguishers, electricity and electrical equipment are all up to date. An emergency evacuation plan is in place. Personal emergency evacuation plans (PEEP's) are also in place for people. Staff receive training in emergency evacuation procedures. Laundry facilities are kept in a separate locked room, and away from food preparation areas. The home has a current food hygiene rating of 5 (very good). Overall, we saw appropriate storage and control of substances hazardous to health (COSHH). These were mainly kept in a designated locked area and risk assessed. We requested an additional storage area for COSHH items be placed in the laundry room, which was addressed immediately by the RI. We saw staff wearing appropriate personal protective equipment (PPE) and they told us there were sufficient supplies of these.

Leadership & Management — Good

Leadership and management is rated as Good because the service demonstrates strong governance, inclusive culture, and effective systems that support both staff and people using the service. There are effective quality assurance arrangements in place to ensure people receive a service tailored to them as individuals. The Responsible Individual (RI) is visible in the service and visits regularly. During these visits, they gather feedback from people, their families and relatives. This feedback is used to make changes and improvements wherever necessary. Biannual quality of care reviews are completed as required by the regulations and these contain good detail about the service, its achievements and any improvements detected or planned. The manager and RI monitor service standards closely through organised systems of audit. Any actions raised from these audits are acted upon. Policies and procedures are in place and are reviewed regularly. Staff know how to access these and are familiar with them.

The Statement of Purpose (SoP) is comprehensive and clearly states what people can expect from the service. There is also a written guide which provides people, their relatives and professionals detailed information to enable them to make an informed choice about whether the service is suitable for them. Throughout the inspection it was clear the SoP and written guide are fully reflective of the service provided.

People are supported by staff with the necessary expertise, skills, and qualifications to meet their care and support needs. We sampled several staff files and saw recruitment and background checks in place. Disclosure and Barring (DBS) checks are completed and renewed when required. There are systems in place to support staff within their roles and staff told us they felt supported. New staff are supported by the service provider through effective induction. There are good training and development opportunities for staff to access. We saw a number of staff required First Aid training and were assured a date for this training was planned. We found an open-door policy from the manager and there is open daily communication across the service. The manager is extremely approachable, and staff told us they feel very well supported by them. These include regular supervision, annual appraisals and regular team meetings. Staff referred positively to the management team and said: *“I feel valued, I can share my ideas, and they take it on board”, “the manager is very approachable, I can go to them for anything”* and *“It’s a great place to work, I’d rather work here than anywhere else*”.

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.