Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Ashton Park Care Home

Ashton Park Residential Home, 37 Waterloo Road, Newport, NP20 4FP

01633262723

www.ashtonparkcarehome.co.uk

The inspection visit took place on 15/07/2026

Service Information:

Operated by:	BIRA CARE HOMES LTD
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	17
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	Good
Environment	Requires Improvement
Leadership & Management	Requires Improvement

Summary:

Ashton Park Care Home is situated in a residential area of Newport overlooking Belle Vue Park and provides accommodation and care for older adults, including people living with dementia.

The Well-being of people living at Ashton Park Requires Improvement. People told us they felt safe, valued and well supported by staff, and we observed positive and respectful interactions throughout the inspection. However, opportunities for meaningful occupation and engagement were not consistently available for all residents.

The Care and Support received is good. People received personalised care from staff who knew them well and understood their needs. Care plans were person-centred, risks were appropriately

assessed and managed.

The environment at the service requires improvement. Although people appeared comfortable in their home, we identified a number of maintenance concerns, including damaged flooring and areas requiring repair and refurbishment. Several of these issues had previously been identified by the provider but remained unresolved. As a result, a Priority Action Notice has been issued.

Leadership and Management at Ashton Park also Requires Improvement. The service benefited from a committed manager and staff team. However, whilst governance systems were in place, issues identified through audits, Responsible Individual visits and improvement plans had not always been addressed within reasonable timescales. An Area for Improvement has been identified in relation to governance and oversight arrangements.

Findings:

Well-being — Requires Improvement

People at Ashton Park spoke highly of the support they receive from care staff and the manager. Residents told us they felt safe, were treated with kindness and respect, and valued the support provided by staff. We observed warm, caring and positive interactions throughout the inspection.. Residents appeared relaxed and comfortable in their surroundings and there was a positive atmosphere within the home. Feedback from residents and relatives was generally complimentary about the quality of care provided and the approachability of staff and management.
However, people did not always have opportunities to participate in meaningful activities that reflected their interests, preferences and wellbeing outcomes.

During the inspection, activities observed were limited and there was no designated activities coordinator in post. We observed some residents spending prolonged periods of time passively engaged in communal areas. One resident told us they felt bored and that television was their main source of stimulation. Another resident explained they spent most of their day sitting and watching television and did not regularly access outdoor areas.

Discussions with staff demonstrated they recognised limitations in the current activities provision and acknowledged residents would benefit from a wider range of meaningful opportunities tailored to their interests and preferences. Staff told us activities such as bingo, colouring and occasional group activities were facilitated when staffing levels allowed; however, they recognised these arrangements did not consistently meet the needs of everyone living at the service. Whilst some residents were able to participate in activities they enjoyed, this was not consistently evidenced across the service.

Records reviewed did not always demonstrate that people were regularly supported to engage in meaningful occupation. We found inconsistencies in activity recording, with some residents having little or no evidence of participation in activities despite having lived at the service for a significant period of time. This meant the provider could not always demonstrate how people were being supported to achieve personal outcomes, maintain hobbies or pursue interests that were important to them. Provider records, including Responsible Individual reports, the Quality of Care Review and the Continuous Improvement Plan, identified activities provision as an area requiring improvement. Despite this, we found the concerns remained evident at the time of inspection and improvements had not been fully implemented.

Whilst people spoke positively about the care and support they received, opportunities for meaningful occupation and engagement were not consistently available or evidenced. This had the

potential to negatively affect people's wellbeing, independence, social inclusion and overall quality of life. As a result, we were not assured that people's wellbeing outcomes were consistently promoted for all people living at the service and have rated this theme as “*Requires Improvement*”.

Care & Support — Good

People receive good quality care and support from a staff team that knows them well and understands their individual needs. Residents told us they felt listened to and supported to make day-to-day decisions about their lives. We observed staff supporting people in a dignified and respectful manner and responding promptly when assistance was required.

Care planning arrangements were generally good. Records reviewed demonstrated that care plans were person-centred and reflected people's individual needs, preferences, life histories and identified risks. Risk assessments were in place and were reviewed when people's circumstances changed. Information was sufficiently detailed to guide staff in providing consistent care and support. We found evidence that people had access to healthcare professionals when required and that changes in health needs were appropriately monitored and responded to. Records demonstrated effective involvement from a range of professionals, including GPs, community nursing teams and other healthcare specialists, helping to ensure people's health and wellbeing needs were met.

People told us they felt safe living at the service and were confident staff would support them if they had concerns. Staff demonstrated a good understanding of safeguarding procedures and were able to explain how they would recognise and report concerns. We found safeguarding policies and procedures were in place and staff had completed relevant training. Records demonstrated appropriate action had been taken when concerns were identified, helping to promote people's safety and protection. We found no evidence to suggest people were at increased risk of harm or abuse.

Staff demonstrated a good knowledge of people's support requirements and were able to explain how care was delivered safely and respectfully. We found evidence of positive relationships between staff and residents and observed staff adapting their approach to meet individuals' communication and support needs.

Medication management was generally safe. We observed medication being administered appropriately and found staff had a good understanding of medication procedures. Storage arrangements were secure and controlled drugs were appropriately managed. However, we identified some minor areas requiring improvement, including gaps in medication room temperature monitoring and inconsistencies in recording the effectiveness of PRN medication following administration. Whilst these findings require attention, they did not significantly impact on the overall quality and safety of care being delivered.

Overall, people receive personalised care and support that is focused on meeting their assessed needs and achieving positive outcomes. The concerns identified were limited and did not detract from the positive experiences shared by residents or observed during the inspection. We therefore

concluded that people receive good care and support that promotes their safety, wellbeing and personal outcomes.

Environment — Requires Improvement

People told us they were comfortable living at Ashton Park and we found communal areas to be welcoming and generally clean. Residents appeared relaxed in their surroundings and were able to access most areas of the home independently or with support from staff. However, we identified a number of environmental concerns that meant people did not always live in an environment that was appropriately maintained to support their wellbeing outcomes.

During the inspection, we identified a persistent odour of urine on the first floor of the home. Further investigation led us to a bedroom where the laminate flooring had lifted and was visibly damaged. We also found dried blood on the floor of another bedroom, which had not been cleaned. The flooring issue was of particular concern as it had the potential to impact on people's dignity, comfort and the overall cleanliness of the environment. We observed three radiator covers which were not securely fixed and identified areas of the home that required repair, maintenance and redecoration. In addition, the home's only bath remained out of use at the time of our inspection.

We found the conservatory was being used as a laundry and ironing area, with clean laundry stored throughout the room. This reduced access to a communal space intended for residents and formed part of the route people used to access the garden. Staff told us concerns regarding the suitability of this arrangement had been raised previously but remained unresolved. Staff also explained that the conservatory became excessively hot during warmer weather and experienced water ingress during periods of heavy rain, limiting its use by residents throughout the year. The outdoor environment did not always support positive outcomes for people. Areas of uneven ground restricted access to parts of the garden, reducing opportunities for some residents to safely enjoy outdoor space.

Records reviewed demonstrated that many of the concerns identified during the inspection were already known to the provider. Responsible Individual reports, the Quality of Care Review and the service's Continuous Improvement Plan all identified ongoing environmental maintenance issues, refurbishment works and premises concerns. Despite being recognised through the provider's governance processes, several actions remained incomplete at the time of inspection, including the replacement of damaged flooring and completion of other environmental improvements.

The cumulative impact of these concerns reduced our assurance that the premises were consistently maintained in a manner that promoted people's wellbeing, dignity and safety. As a result, we concluded that people do not always live in an environment that fully supports positive outcomes. Consequently, we issued a Priority Action Notice requiring the provider to take prompt action to address the identified environmental concerns.

Leadership & Management Requires Improvement

People are supported by a committed staff team and an experienced manager who is well regarded by staff, residents and relatives. Throughout the inspection, staff consistently spoke positively about the manager and described them as approachable, supportive and visible within the service. Residents and relatives also provided positive feedback about the leadership of the home and told us concerns were listened to and acted upon. We found evidence that recruitment practices, mandatory training compliance and supervision arrangements had improved since the previous inspection, demonstrating a commitment to continuous improvement.

The service had a range of governance and quality assurance systems in place, including Responsible Individual visits, audits, quality reviews and improvement plans. These arrangements demonstrated that the provider had established systems to monitor the quality and safety of the service and identify areas requiring improvement. We saw evidence of regular monitoring activity taking place, and provider records showed that issues were routinely discussed and recorded. Staff morale was generally positive and we found a supportive culture within the service, with staff working collaboratively to meet the needs of residents.

Whilst governance systems were identifying concerns, they were not always effective in ensuring improvements were progressed and completed within reasonable timescales. During the inspection, we identified a number of issues relating to meaningful activities provision, environmental maintenance and refurbishment works. We found evidence that many of these concerns had already been identified through the provider's own oversight arrangements but remained unresolved at the time of our visit. This included concerns relating to activities provision, damaged flooring, environmental maintenance works and the ongoing use of the conservatory as a laundry and ironing area.

Records reviewed demonstrated that Responsible Individual reports, quality reviews and improvement plans had consistently highlighted similar areas for improvement over a prolonged period. The Continuous Improvement Plan contained numerous outstanding actions relating to environmental improvements, maintenance works and service development. Whilst some progress had been made in a number of areas, several actions remained incomplete or had revised completion dates. This reduced our assurance that governance arrangements were consistently effective in driving improvement and ensuring actions were completed in a timely manner.

While we found evidence of positive leadership at operational level and staff spoke positively about management support, provider oversight had not always been effective in ensuring identified concerns were resolved and improvements sustained. As a result, people did not always benefit from governance arrangements that consistently promoted continuous improvement and positive

outcomes.

An Area for Improvement has been identified in relation to governance, quality assurance and oversight arrangements. The provider should strengthen monitoring and review processes to ensure issues identified through Responsible Individual visits, audits, quality reviews and improvement plans are progressed, monitored and completed within appropriate timescales.

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.

Summary of Areas for Improvement	Date identified
People do not always benefit from effective governance and oversight arrangements. Whilst quality assurance systems were in place, several issues relating to activities provision, environmental maintenance and refurbishment works had been identified previously but remained unresolved at the time of inspection. This reduced our assurance that governance arrangements were consistently effective in driving improvement and ensuring actions were completed within reasonable timescales.	15/07/26

Summary of areas for Priority Action	Date identified
People do not always live in an environment that is appropriately maintained to support their wellbeing outcomes. We identified environmental concerns including a persistent odour of urine, damaged flooring, an out-of-service bath, loose radiator covers and areas requiring repair and refurbishment. Records showed these issues had previously been identified through governance and quality assurance processes but remained unresolved at the time of inspection.	15/07/26