



## Llantarnam Lodge



Llantarnam Lodge Care Home, Pentre Lane, Llantarnam, Cwmbran, NP44  
3AP



01633484337

The inspection visit took place on 09/02/2026

### Service Information:

Operated by:	Llantarnam Care Limited
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with nursing, Care home for adults - with personal care
Registered places:	30
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:

Llantarnam Lodge is a care home without nursing in Torfaen that supports people with varied needs. Since previous inspections, the service has made significant and sustained improvements, which have had a positive impact on people's wellbeing. These developments have been embedded by the manager and staff team, and we look forward to reviewing this continued culture of improvement at future inspections. As a result of the progress seen, all previous non-compliances have been removed. Key improvements include increased night-time staffing, strengthening of personal plans, more effective quality assurance, and better management oversight. Together, these changes have contributed to more consistent, responsive care for people.

We have awarded all four inspection themes a rating of 'Good'. People live safely and healthily and are supported to achieve their wellbeing outcomes. They are treated with kindness and respect by a dedicated staff team who provide care that makes a meaningful difference to people's daily lives. The environment is homely, promotes independence and helps reduce risk. Leadership has established reliable governance and quality assurance arrangements, supporting the smooth running of the service and ensuring people continue to receive good-quality care.

## Findings:



### Well-being

Good

People experience positive outcomes at the service and are supported to live happily, healthily and safely, with control over their daily lives. Individuals and relatives spoke warmly about their experiences during our inspection, describing staff as “*Marvellous*” and the care as “*Great*”. Several people highlighted the manager’s supportive approach, noting the time taken to settle individuals sensitively when they first arrive.

Our observations reflected this feedback. Staff know people well and respond in a calm, respectful and proactive manner. We saw kind interactions that demonstrated genuine understanding of people’s needs and preferences. The activities co-ordinator provides a varied and meaningful programme that reflects people’s interests. At the time of our visit, a ‘wedding dress through the ages’ display linked to Valentine’s Day encouraged conversation and reminiscence, while people were also making plans for the annual gardening programme. These opportunities contributed visibly to people’s enjoyment and sense of wellbeing.

We saw staff use individualised approaches to reduce anxiety, offering tailored reassurance and sensory items consistent with people’s personal preferences and positive behaviour support needs. Personal plans now place greater emphasis on choice, independence and what matters to the individual. We were pleased to see continued and sustained improvement in care planning and review processes since our previous inspections.

People are supported to maintain important relationships. The service welcomes visitors at any time, and we met several who spoke positively about the staff team and the communication they receive. People also benefit from links with the wider community, including therapy dog visits, intergenerational activities and faith-based opportunities, which help sustain identity and belonging. In relation to finances, plans promote independence where appropriate, while families remain involved in life events and reviews. The service provider can provide documentation in Welsh on request, demonstrating progress towards meeting the Welsh Active Offer.

Safeguarding arrangements continue to support people’s wellbeing effectively. The provider responds promptly to concerns, records actions and outcomes clearly, and keeps referrers informed. Deprivation of Liberty Safeguards (DoLS) are monitored, reviewed and communicated appropriately. These systems help people feel safe and in control of their environment.



## Care & Support

Good

The service delivers care and support that meets people's assessed needs and personal outcomes. Since the last inspection, we have seen continued improvement in personal planning. Plans now contain clearer, more person-centred information, including people's histories, routines, likes and dislikes. This helps staff understand what matters to individuals and provide care that supports their wellbeing. Plans are reviewed regularly and updated when needs change. Daily records show that staff usually follow the guidance within plans and provide care in line with specialist needs. Our review of documentation shows the service provider has good clinical oversight. People are supported to access GPs and other allied health professionals promptly, and staff act on the advice provided. This oversight helps ensure care for people remains safe, consistent and responsive.

Medicines management is safe and well led. Medicines are stored securely and appropriately. A review of medication records showed people generally receive their medicines as prescribed. Controlled drugs are checked daily and managed correctly. Weekly audits support continuous improvement. Where errors occur, they are identified quickly and action is taken. This demonstrates a culture of early detection, learning and prompt response.

Infection prevention and control (IPC) arrangements are embedded. Personal Protective Equipment (PPE) is readily available throughout the home, and we observed staff using and changing it correctly. Cleaning schedules are visible and followed, with domestic staff undertaking regular deep cleans. A dedicated laundry role further strengthens IPC pathways and reduces risks associated with cross-contamination.

Overall, people receive safe and compassionate support that increasingly reflects their goals, preferences and daily routines. Staff demonstrate growing confidence in delivering individualised care. Governance arrangements around risk, medicines and clinical escalation have strengthened further since the last inspection. We were pleased to see sustained and embedded improvements in care and support and acknowledge the continued efforts of the manager and staff team in achieving this progress.



## Environment

**Good**

The premises continue to support people's safety, comfort and privacy. Bedrooms we viewed were clean, well-maintained and of a good size. People are encouraged to personalise their rooms, and we saw belongings, photographs and life-story items that helped create familiar spaces. Communal areas are generally warm, well-lit and used flexibly for relaxation, activities and visits. Access controls support security without limiting people's freedom of movement. Quieter rooms are available for private conversations with relatives or professionals. We also saw practical arrangements to promote comfort and dignity, such as drinks placed within reach and seating arranged to support engagement.

Health and safety oversight is good. Statutory checks and servicing are current, ensuring the environment remains safe and compliant. Records show weekly fire alarm tests take place, and the manager described scenario-based evacuation drills involving staff from different roles. These drills reinforce understanding of emergency procedures and help ensure staff know what to do should an evacuation be required. Equipment is stored and maintained appropriately, and staff follow safe operating procedures. Environmental risk assessments include proactive steps, such as identifying and removing trip hazards, to reduce foreseeable risks. Taken together, these arrangements provide assurance that the environment is managed safely.

The home is clean and generally well kept. Domestic staff were visible throughout the day, and we observed good coordination with care staff during personal care routines. IPC practices are embedded, with consistent use of PPE and clear cleaning schedules.

The service makes good use of space to support meaningful activity. Themed displays celebrating people's histories and achievements add interest to communal areas and prompt conversation. Outdoor spaces are flat and accessible, allowing people to enjoy fresh air safely and take part in gardening initiatives when weather permits.

Overall, the environment aligns with the Statement of Purpose (SoP) and supports people's comfort, independence and wellbeing. Maintenance and compliance systems are reliable, and we were pleased to see continued and sustained improvement since our previous inspections.



## Leadership & Management

Good

Leadership continues to have a positive impact on the quality and safety of the service. Since the previous inspection, governance arrangements have strengthened, and we saw clear evidence of sustained improvement. The manager has implemented a structured audit programme covering incidents, falls, call-bell response times and clinical areas. Audits include trend analysis and identifies learning, which feed directly into operational decisions. This demonstrates an effective approach to continuous improvement. We were pleased to see the quality assurance systems introduced following previous inspections are now embedded and contributing to more consistent service delivery. This is supporting better outcomes for people and helping ensure their needs are understood and met.

Safeguarding leadership remains strong. The service identifies and reports concerns promptly, works constructively with the local authority safeguarding team, and records advice and outcomes clearly. Duty of candour is evident, with the Responsible Individual (RI) meeting families to discuss previous inspection findings and any progress made. RI oversight has improved, and regulatory reports now demonstrate clearer evaluation and reflection. Quality assurance surveys completed by residents, relatives, staff and professionals show positive feedback and inform an action-focused improvement plan.

Workforce arrangements are safer and more supportive. Increased night staffing has had a positive impact, with people receiving more timely care. Recruitment files sampled were complete and compliant, including up-to-date Disclosure and Barring Service (DBS) checks and Social Care Wales registration tracking. Staff receive induction, statutory training and regular supervision, with objectives linked both to practice standards and personal development. The dependency tool is updated when people's needs change and informs skill mix and staff deployment, helping ensure the workforce remains responsive to people's levels of need. Staff described an open and supportive culture, with an approachable manager who provides guidance, coaching and practical help when required.

Overall, leadership sets clear expectations and uses information effectively. There is a visible focus on learning, reflection and continued improvement. The service is consolidating a positive culture of safety and kindness, and we recognise the ongoing efforts of the manager and staff team in sustaining progress since the last inspection.

## 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.**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

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