



Belmont Residential Care Home



Belmont House Residential Home, 4 Belmont Road, Abergavenny, NP7 5HN



01873850276



belmonthouseresidential-home.com

Date(s) of inspection visit(s): The inspection visit took place on 22/10/2025

Service Information:

Operated by:	Belmont Residential Care Home
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for mental health
Registered places:	26
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

Requires Improvement



Environment

Good



Leadership & Management

Good

Summary:

Belmont Residential Care Home provides accommodation with care and support for people living with or without dementia. It is within walking distance of Abergavenny town centre.

People's wellbeing is good because they are complimentary of the service and happy with the care and support, they receive. Staff are respectful, caring and compassionate. People are supported to take part in daily activities, enjoy homemade food and can practice their chosen faiths.

People's care and support requires improvement. Peoples care assessments do not consider all of their diverse needs to ensure they can be met and risks anticipated and managed. There has been progress in peoples care documentation, but further work is needed to further embed and sustain improvements. Accurate, reliable records are essential to ensure safe, consistent care. Systems for storing and administering medicines safely have improved.

Leadership and Management is good. There is a positive culture which is supportive, inclusive and respectful for people. The Statement of Purpose (SoP) is a key document and does not accurately describe the services provided at Belmont Residential Care Home. Quality assurance requires strengthening.

The environment is rated good. Further investment in the property is needed to bring all the accommodation up to the same standard. General maintenance and health and safety checks are on-going. The service offers outside space for people to enjoy.

Findings:



Well-being

Good

People are treated with dignity and respect and have positive interactions with care staff who are familiar to them. People are relaxed and appeared happy around care staff, and conversation is friendly. This is promoted by the service's positive culture. Leaders organised visits from dementia mapping specialists to assess the quality of service from the perspective of a person with dementia. Leaders acknowledged the benefits of regular stimulation. Activity provision has increased and now gives people a structure to their day. One person no longer uses a therapy pet as much as they are getting regular stimulation. Family, resident's meetings and satisfaction surveys ensure peoples voices are heard and respected. Residents commented on the quality and amount of the food, describing it as *"lovely."* They reported feeling safe in the home and praised the staff for being *"approachable, helpful, and attentive"*.

People are safe from strangers entering the premises as care staff checked our identity before allowing us into the home and ensured that we completed a visitors' book. People's liberty is protected in line with relevant legislation. Advocacy services can be accessed when required. A recent visit from an independent advocacy service informed people about their rights. A complaints process is in operation and compliments received from family members and visiting professionals are shared and celebrated. Each person has a missing person (Herbert protocol) in place which further safeguards them.

People are supported to develop safe and healthy relationships. Care staff have a good understanding of people's needs. They encourage people to maintain a healthy, varied diet and act upon any health concerns. People and their relatives speak highly about the care they receive and feedback from staff is positive. Personal plans include social histories, identify individual likes, dislikes and wishes, ensuring the persons voice is central to the care provided. Families can visit their loved ones and bring pets to maintain valued relationships. The service is working towards providing an active offer of the Welsh Language. Whilst there currently aren't any fluent Welsh speaking residents, the service makes efforts to celebrate Welsh history and culture.

People's wellbeing is not always prioritised when evaluating whether there are sufficient facilities, baths and showers at the service to meet their needs. The SoP fails to accurately describe the facilities the service provides. The environment supports the needs of people living at the service, but consideration is needed for prospective residents. An annual maintenance plan was provided and assurances were given the SoP will be revised. .



Care & Support

Requires Improvement

People can experience issues with the quality of care and support they receive because assessments of their needs at commencement of the service provide limited information. The pre-admission assessment leads to the development of a personal plan which sets out how care staff will support the person in areas they need assistance. Without full and complete information, the service provider is unable to decide about whether they can meet the individuals needs as well as consider the impact on people currently living at the service.

People's personal plans can contain inconsistent or unreliable information which can impact on the care and support they receive. There has been some improvement in plans which outline preferences around how a person wants to receive care and support although further work is needed. To further strengthen practice, there is an opportunity to embed clear, proactive positive behaviour support strategies, ensuring consistency and enhancing safe, person-centred care for all individuals. In addition, strengthening care and support monitoring presents is a further opportunity to enhance responsiveness and ensure timely engagement with healthcare professionals, supporting optimal outcomes for residents. Accurate, reliable records are essential to ensure safe, consistent care for people. Outcomes for people require improvement because records are not always accurate or reliable and we expect the provider to make improvements.

Providing people an opportunity to be involved in reviews of their care and support requires strengthening. Personal plans are reviewed but moving forward consistent evidencing of people and/or their representative's engagement in these reviews will be captured. Outcomes for people require improvement because relatives, representatives are not routinely involved in review of loved one's care and support.

People are safeguarded. Accidents and incidents are dealt with appropriately and routinely audited by leaders so any lessons can be learned. Staff are trained in line with All Wales Safeguarding protocols. Support is available for people with medication needs. We observed medication is securely stored and administered in accordance with prescriber recommendations. A medication policy is in place, and care staff receive appropriate training in medication management. Medication audits are conducted; and there are systems in place to ensure any medication errors are suitably addressed. Recording of PRN "as required" medication requires strengthening.

The service promotes hygienic practices and manages the risk of infection. The service has a food hygiene standards rating of five, very good. A choice of meals are freshly prepared at the service, based on people's individual preferences. People are complementary of the food and are happy with the quality, temperature and portion sizes. One relative told us their loved one had put on weight since moving into the service. Effective daily cleaning schedules are in place as all parts of the home are clean, tidy and well organised. During the inspection staff were wearing appropriate

PPE when carrying out personal care and during the lunch service. Internal monitoring is taking place although, we note a number of Control of Substances Hazardous to Health items were left unattended and laundry facilities require upgrading to prevent cross contamination of clean / dirty laundry.



Environment

Good

The environment is safe, secure, comfortable and clean. People's rooms are personalised with their belongings which promotes a sense of ownership. There are communal areas where people can interact with each other and take part in activities. At the time of inspection, the dining room was tastefully decorated to celebrate Halloween. We note there are limited bathing/ showering facilities at the service but assured there is no impact to current residents. The outdoor space is good and includes an enclosed balcony. During the warmer months residents enjoyed outdoor exercise classes and walks in the grounds with staff supervision.

People live in an environment, with safety checks conducted on a regular basis to identify and mitigate risks. Arrangements are in place to ensure the environment is clean. There are maintenance and repair arrangements in place. Maintenance records confirm the routine testing of utilities and equipment such as hoists, slings and lifts. Fire safety tests and checks are completed on a regular basis. Personal emergency evacuation plans are in place and accessible in the event of an emergency. Staff take part in regular fire drills. There is on-going investment in the property focussing on redecoration and repair to align the older parts with the newer unit. The service provider needs to consider the functionality and adequacy of bathing, showering and laundry facilities which can affect the comfort and hygiene of people.



Leadership & Management

Good

People, care staff and visitors have high levels of confidence in the service because there is a strong positive culture which is supportive, inclusive and respectful, fostering trust and satisfaction. People and their relatives are complimentary of the service. Staff reported high levels of job satisfaction describing Belmont as a supportive and inclusive workplace. They felt well-trained and equipped to perform their roles effectively.

The RI's oversight and governance arrangements need strengthening. The RI is a visible presence. There are quality monitoring systems in place including visits to the service by the RI, and feedback from people, staff and visiting professionals. Audits are in place, but we found they are not always completed within timescales and can lack analysis which does not always lead to development in the service. Assurances were given that improvements will be made.

The service provider ensures timely notifications are sent to the relevant authorities in the event of significant incidents in the service. This ensures appropriate actions are taken promptly to safeguard people. We did identify an isolated incident when the lift breakdown was not reported but we were assured it was repaired within 24 hours.

The SoP, which is a key document, requires revision. It sets out the vision of the service and service providers aspirations for meeting the needs of the people they care for. The information should be accurate, up to date and reflect the range of people's needs the service is able to meet. We note some of the required information is missing. This document provides a sound base for providing high quality care and support for individuals using the service and to enable them achieve their personal outcomes.

The service provider has good selection and vetting processes for hiring staff. Permanent staff undergo routine checks to ensure they remain suitably fit to work in the service and are appropriately registered with professional bodies. All new staff complete an induction which includes training and shadowing experienced staff, as well as accessing relevant policies and codes of practice. Staff qualifications and training are monitored by managers. Gaps in skill mix or lapsed training is identified and addressed in a timely way to ensure people are well cared for. The service provider is in the process of changing its training provider. We are assured gaps in staffs refresher training are being addressed. Staff have regular one-to one supervision sessions with their line manager at least quarterly and an annual review to provide feedback and identify training needs. Staff told us supervision is conducted every three months, which is helpful and beneficial to

their role.

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 need to be feel confident they will receive consistent care and support from staff.	30/03/23
People cannot be confident service providers have an accurate and up to date plan of care and support for how their care is to be provided. This means they may receive poor and inconsistent care and support.	30/03/23

CIW has not issued any Priority action notices following this inspection.

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