Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Green Valley Care

74 Broad Street, Blaenavon, Pontypool, NP4 9NF

01495791308

www.greenvalleycare.com

The inspection visit took place on 03/03/2026

Service Information:

Operated by:	Green Valley Care Limited
Care Type:	Domiciliary Support Service
Provision for:	Supported Living
Registered places:	0
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	Excellent
Leadership & Management	Excellent

Summary:

Green Valley Care has received an excellent rating across all three themes: wellbeing, care and support, and leadership and management.

People are part of a strong and sustained culture of openness and without judgement. People's emotional and psychological wellbeing is actively supported and enhanced.

People experience personalised, proactive and outcome-focused care. Staff work collaboratively with professionals, support people to achieve meaningful goals and promote independence through positive risk-taking.

Leadership and management arrangements are visible and engaged, with strong presence from the responsible individual (RI) and clear governance structures. The service demonstrates commitment to improvement, with regular reviews, audits and management oversight.

The service is transparent, reporting any concerns to the appropriate bodies and proactively making changes to prevent further concerns. Staff were knowledgeable about the people they support. Staff and people were observed interacting and the level of knowledge and warmth in the care provided was evident. People are supported by staff to set and achieve their personal goals. With few exceptions, where things go wrong leaders take action to learn from mistakes.

Findings:

Well-being — Excellent

People experience a warm, respectful and nurturing atmosphere. During the inspection, individuals appeared relaxed, communicative and confident, reflecting a strong sense of security, belonging and emotional well-being. Staff know people extremely well and interact with them naturally and warmly. People routinely exercise voice, choice and control and are supported to make informed decisions about matters that are important to them.

People are supported extensively to live well and achieve self-directed outcomes. People maintain and improve their physical, mental and emotional health because of the high-quality, person-centred support provided by staff. This was evident throughout the inspection.

People have regular and meaningful opportunities to express their views through daily conversations with staff, planned meetings with managers and informal discussions.

Those who communicate verbally maintain contact with family using their own mobile phones. Staff use a range of individualised communication tools, such as the picture exchange communication system, objects of reference, visual timetables and personalised vocabulary, which ensure people with communication needs can participate fully in daily life.

The service recognises and value cultural identity, language and personal preferences. Although no one currently speaks Welsh, staff with Welsh and other language skills support individuals who wish to learn or use additional languages.

People plan, co-produce and lead a wide variety of meaningful activities, supported sensitively by staff. Individuals take part in voluntary work, arts and crafts, pottery groups, cooking classes, radio sessions and community projects. They also contribute positively to their neighbourhood through litter picking and snow clearing. People pursue personal interests which strengthens confidence, purpose and well-being enhancing quality of life

People receive support to maintain financial independence. Risk management strongly promotes well-being. Staff deliver tailored, person-centred support and work effectively with other professionals to support self-regulation and safely reintroduce individuals to community environments. Specialist training equips staff to meet diverse and complex needs confidently.

Throughout the visit, interactions demonstrated warmth, humour and mutual respect. Staff clearly understood people's histories, routines and preferences, contributing to a homely and confident atmosphere. People spoke positively about shared activities, upcoming plans and personal achievements, showing pride and enjoyment in daily life.

Care & Support — Excellent

Care is highly personalised, well-coordinated and informed by a strong multidisciplinary approach. Staff understand people's needs and preferences. Staff use this knowledge to deliver support that promotes well-being and positive outcomes.

Pre-admission processes are thorough and person-centred. The service gathers detailed information and seeks clarification where necessary. Risk assessments are completed prior to admission and reviewed regularly adopting the holistic approach. Documentation is updated regularly, ensuring the information is a true reflection of people's current needs.

Positive risk-taking is embedded in practice, supported by flexible staffing promoting safe engagement in the community. Managers work closely with commissioners and social workers to ensure the service only accepts people whose needs can be safely met. Prospective residents visit the home to meet peers, staff and families which plays an active role in transition planning. Staff also consider cultural and spiritual needs, including adapting room layouts to reflect family beliefs.

Care planning is dynamic and continually informed by multidisciplinary feedback. Plans are updated following changes in need for example, mobility issues, post-hospital discharge, or adjustments required to protect dignity during seizures. Team meetings reinforce consistent practice where staff discuss emerging changes and adapt responsively to people's changing needs.

Health needs are met through co-ordinated, proactive support. Staff work closely with external professionals to ensure each person receives the most appropriate care, continually seeking to apply the latest evidence-based practice. The service provided several examples of improvements achieved through this collaborative approach.

People lead active and meaningful lives. They pursue a wide range of personal goals, including volunteering, community projects, arts and crafts, days out and holidays. Thorough risk assessments support individuals to revisit previously restricted activities, such as attending concerts or public events. People are reminded they can change their minds at any time, reinforcing autonomy. Key worker reports demonstrate consistent monitoring of well-being, goals, appointments, finances and emotional needs, ensuring prompt action when concerns arise.

Medication management remains a priority. Staff are transparent in reporting all errors to the appropriate organisations. Managers work closely with external bodies to address ongoing medication-management demands. Errors are identified through twice-daily medication audits. The provider is exploring solutions and further increasing management oversight.

Leadership & Management — Excellent

The service maintains well-developed contingency plans that ensure people experience excellent continuity of care during emergencies. Leaders actively engage commissioners, professionals, staff and people in quality assurance processes. Staff value feedback and use it to drive continuous, sustainable improvement. This inclusive approach supports dynamic improvement plans that reflect best practice enhancing peoples' outcomes.

The service benefits from visible engaged leadership and established governance arrangements. The RI provides consistent oversight through routine regulation visits, engaging directly with people, staff, families, professionals and commissioners. Frequent visits demonstrating strong scrutiny of practice, quality and operational performance. Managers think creatively to maintain high-quality outcomes despite financial pressures.

Robust systems monitor incidents, safeguarding, complaints, staffing and training. Managers use electronic systems to review daily notes, risk assessments, incident reports and key worker updates. Weekly management meetings and RI reports demonstrate strong awareness of emerging concerns along with prompt responses to address any concerns.

The provider demonstrates a strong commitment to transparency and meets its duty of candour by sharing information with relevant authorities. The service promotes equality, diversity and inclusion. Individuals feel confident giving feedback because they know leaders respond constructively. Staff well-being is prioritised by encouraging balanced rotas and sufficient rest. Policies are accessible and form a core part of staff induction. Staff describe managers as supportive and approachable, noting an open-door culture.

The service does not use agency staff. Sufficient cover and contingency arrangements ensure people receive consistent support from staff who know them well. Complaints are logged in a central spreadsheet, with actions and outcomes clearly recorded.

Client meetings occur monthly, with attendance varying based on individual routines and preferences. During the October 2025 meeting, people demonstrated understanding of how to raise concerns and expressed satisfaction with activities and support. Families remain engaged through reviews, care planning and ad hoc communication.

The service works effectively with external partners, including commissioning teams, psychology, district nursing, health board and pharmacy teams. People achieve excellent outcomes because the provider ensures a high number of skilled, knowledgeable staff are always present. Staffing decisions reflect detailed evaluation of people's needs while maintaining high-quality care.

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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