Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Glenmore Residential Home

Glenmore Residential Home, 188-190, Stow Hill, Newport, NP20 4HB

01633258601

The inspection visit took place on 17/09/2026

Service Information:

Operated by:	BABITA DANHAWOOR
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care and support for people living with dementia, Care and support for people requiring short-breaks or respite care, Care and support for people with mental health needs
Registered places:	22
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	Requires Improvement

Summary:

Glenmore Residential Care Home is located in the city of Newport. It is within walking distance of local amenities including shops, a church and public transport links. The service aims to provide accommodation and care for people with a range of support needs in a homely environment that promotes dignity, choice and independence.

The well-being of people using the service is good. People are supported by caring and respectful staff who know them well. People told us they feel safe, and are both listened to and able to make choices about their daily lives. Individuals are encouraged to maintain relationships, participate in meaningful activities and remain as independent as possible.

The quality of care and support requires improvement. Whilst people were receiving appropriate care and support in practice, records did not always provide accurate and current guidance for staff. Personal plans were not always kept up to date to reflect people's changing needs and circumstances.

The environment is good. People live in a clean, comfortable and welcoming home that supports their well-being and safety. Bedrooms are personalised and communal areas are well maintained and provide opportunities for social interaction and relaxation.

Leadership and management require improvement. Improvements have been made since the previous inspection, and leaders have demonstrated a commitment to strengthening oversight, improving practice and driving positive outcomes for people living at the home. Improvements have been made to falls monitoring, staffing levels, staff supervision and the Responsible Individuals monitoring processes. However, quality assurance and governance systems had not consistently identified inaccuracies and omissions within care records.

Findings:

Well-being — Good

People experience positive well-being outcomes and are supported to maintain choice, independence and meaningful relationships. During the inspection we saw a calm atmosphere throughout the home. People appeared comfortable, relaxed and content in their surroundings. People spent their time in ways that reflected their preferences. Some chose to engage in activities within communal areas, whilst others preferred spending time in their bedrooms using computers, tablets or watching television. People told us they were happy with these arrangements and felt staff respected their choices.

People spoke positively about the support they receive. People told us staff are kind, approachable and available when needed. One person explained staff regularly visit them in their room for a chat, whilst another described how staff occasionally supported him to go for walks in the local area. People told us they felt safe living at the service and knew who to speak to if they had concerns. Relatives were equally positive and described staff as caring, knowledgeable and responsive to people's needs.

People benefit from opportunities to participate in meaningful activities. The activities co-ordinator has introduced a range of personalised opportunities, including a men's group, community links with local organisations and more flexible creative activities. During the inspection we saw people participating in colouring activities, puzzles and social interactions. Activity programmes reflected a broader range of interests than previously observed and promoted social engagement and inclusion.

People's rights to make choices about their daily lives are promoted. We found examples of people maintaining independence, continuing hobbies and staying connected with family and friends. Relatives told us they remained involved in their family member's life. People spoke positively about visiting family members and maintaining important relationships.

People are supported to remain safe and protected from abuse, neglect and improper treatment. People told us they feel safe living at the home and are comfortable approaching staff if they have any concerns. Relatives also expressed confidence in the staff team's ability to keep their family members safe. Staff demonstrated a good understanding of safeguarding responsibilities and were able to describe the actions they would take if concerns arose. Safeguarding training was up to date and records showed appropriate referrals had been made to external agencies when required.

People's health and emotional well-being are generally supported well. Access to healthcare professionals was evident and people received support from external services when required. Meals are varied and people consistently complimented the quality of food available.

Care & Support — Requires Improvement

People generally receive care and support from staff who know them well and treat them with dignity and respect. We observed positive interactions throughout the inspection, and people spoke warmly about the staff team. Relatives expressed confidence in the care provided and told us staff responded appropriately to people's needs. We also found improvements in several areas since our last inspection. Falls management processes have strengthened, additional staffing has been introduced and risk assessments are updated more consistently following incidents.

People have personal plans which are reviewed every three months and contain information about their care and support needs. Records reviewed do not always accurately reflect people's current circumstances, health conditions or changes in needs. During the review of care records, we found examples where personal plans had been reviewed monthly but were not amended following significant changes. One person's reduced appetite and low mood, which had resulted in GP involvement, were not reflected within relevant personal plans. Another person's skin integrity needs were not fully incorporated into care planning documentation despite receiving treatment from district nursing services.

We also identified inaccurate information within some records. One person's personal plan referred to a diagnosis which they did not have, whilst another lacked important background information and details about a significant medical history. Personal plans were reviewed regularly but often recorded "*no changes*" despite evidence of changing circumstances elsewhere within the records. This creates a risk that staff may not always have access to the most accurate information when supporting people. This is an area for improvement which we expect to be addressed by the next inspection.

Medication management arrangements were generally safe. Medicines were stored securely, controlled drugs were appropriately managed, and, with few exceptions, medication administration records were completed accurately. Staff demonstrated a good understanding of medication procedures and people were supported to receive their medicines safely. Since the last inspection the service has also invested in additional moving and handling equipment to support those who need it.

Healthcare involvement was evident and referrals were made to relevant professionals when concerns arose. People had access to district nurses, GPs and other health services when required. However, recommendations and changing health needs were not always incorporated into personal planning documentation promptly.

Whilst improvements have been made to the care and support people receive since the last inspection, outcomes for people require improvement because personal plans and reviews do not always provide accurate, up-to-date information to guide staff in delivering care that consistently

reflects people's current needs, preferences and health circumstances.

Environment — Good

People live in an environment that is comfortable, welcoming and suitable for their needs. We found significant improvements since the previous inspection and observed a clean, tidy and homely environment throughout the service. Communal areas were well furnished and maintained, providing people with space to socialise, participate in activities or spend time quietly. Bedrooms were personalised and reflected people's interests, histories and preferences.

People benefit from an environment that supports their well-being and independence. We found the home was clean and odour free, with suitable infection prevention and control arrangements in place. Laundry facilities, cleaning schedules and storage arrangements were appropriately managed. Restricted areas were secured and signage throughout the home supported navigation and orientation.

The provider has arrangements in place to support health and safety. Fire safety checks, drills and servicing records were available. Gas, electrical and legionella certification had been completed and there were systems to identify and address maintenance requirements. We saw emergency evacuation information was available for people and one discrepancy identified within a personal emergency evacuation plan was addressed during the inspection.

People have access to equipment that supports their care and mobility needs. During discussions, one person described how changes to their room layout had enabled them to use mobility equipment more safely. Another person had access to specialist equipment to support changing mobility needs. These arrangements helped people remain as independent as possible whilst reducing risks to their safety.

People are supported to enjoy an environment that promotes comfort, dignity and meaningful engagement. During the inspection, we observed communal areas being used throughout the day, with people choosing where and how they spent their time. Seating arrangements encouraged social interaction whilst also providing quieter spaces for people who preferred privacy.

The home was decorated to a good standard and displayed photographs, artwork and items of interest that contributed to a warm and welcoming atmosphere. People told us they were happy with their surroundings and felt at home. Environmental audits were completed regularly, helping to ensure the premises remained safe, well maintained and responsive to people's changing needs and preferences.

People told us they enjoyed the meals provided by the service and we found the kitchen held a

food hygiene rating of five. The dining areas were welcoming and menu choices were clearly displayed. Outdoor spaces were maintained to a good standard and provided opportunities for people to spend time outside when they wished.

Leadership & Management Requires Improvement

Leadership and management arrangements have improved since the previous inspection and there is evidence the provider has taken action to address many of the concerns that previously resulted in Priority Action Notices. Staffing levels have increased, governance systems have strengthened and quality assurance processes are more developed. Staff consistently told us the service is in a much better position than earlier in the year and spoke positively about the direction of the home.

The registered manager is visible within the service and staff described her as supportive and approachable. Staff told us they felt able to raise concerns and were confident these would be addressed. Supervision arrangements had improved and monitoring systems were in place to support staff development. Recruitment records reviewed demonstrated safe recruitment practices were being followed. Training compliance was good and records showed staff had access to core training appropriate to their roles. The manager also told us she feels supported by the Responsible individual.

The provider has introduced improved governance tools, including enhanced falls policies, regular audits and more detailed Responsible Individual visits. We found greater oversight of moving and handling, incidents, accidents and care documentation than at the previous inspection. Falls are reviewed, themes are considered and management oversight is more evident. Staff and managers demonstrated insight into previous shortcomings and were able to describe actions taken to improve outcomes for people.

However, governance and quality assurance systems are not yet consistently effective. During the review of care records, we found several inaccuracies and inconsistencies that had not been identified through established auditing processes. Records contained outdated information, some changes in people's health and wellbeing had not been reflected in care planning documentation and monthly reviews had not always resulted in appropriate updates. This demonstrates that existing quality assurance systems do not consistently identify and rectify recording shortfalls. A Priority Action Notice has been issued for these areas of improvement, which we expect to be actioned by the next inspection.

We also received consistent feedback from staff regarding rota management. Several staff described rotas being issued at short notice, which affected their ability to plan personal commitments. Whilst this had not directly impacted care delivery, it had affected staff experience and highlights an area requiring further attention.

Leadership and management require improvement because governance and oversight arrangements have not yet developed sufficiently to consistently identify inaccuracies in records

and ensure all systems operate effectively. Nevertheless, improvements are evident, leaders demonstrate a commitment to change, and there is positive progress towards achieving sustainable improvements for people living at the service.

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 care plans and records that accurately reflect their current needs and circumstances. This increases the risk of inconsistent care and support and means staff may not always have access to the most up-to-date information when supporting people.	17/09/26

Summary of areas for Priority Action	Date identified
People do not consistently experience safe or well managed care because leadership, governance and quality assurance systems are ineffective. As a result, risks to people's health, safety and well being are not identified or addressed in a timely way. Because leaders fail to monitor care quality effectively, unsafe practices continue without challenge or improvement. Repeated incidents, including falls and injuries, are not reviewed or learned from at a management level. This means people remain	11/03/26

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