



# Inspection Report on

**Caerleon House Nursing Home**

**Caerleon House Nursing Home  
Goldcroft Common Caerleon  
Newport  
NP18 1BE**

## **Date Inspection Completed**

18/02/2025

**Welsh Government © Crown copyright 2025.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gov.uk](mailto:psi@nationalarchives.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Caerleon House Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Caerleon House Care Ltd
Registered places	54
Language of the service	English
Previous Care Inspectorate Wales inspection	07 June 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are actively listened to and contribute to the running of the home and the support they receive. Staff are committed to helping people have positive experiences. People have as much control over their day-to-day lives as possible. The atmosphere of the service is relaxed and positive, with a range of activities and events for people to enjoy. The service promotes health and well-being through regular monitoring and prompt action, ensuring people receive the right medication and care.

The environment is comfortable and supportive, with refurbishments enhancing people's quality of life. Regular internal and external checks and servicing are in place to keep people safe and free from hazard.

People receive reliable and continuous care from a regular staff team, fostering positive relationships. Staff receive good support and training for their roles, and the manager feels supported by the service provider. Safe recruitment procedures are in place to protect people from harm.

The service demonstrates strong governance and oversight, with the Responsible Individual (RI) regularly visiting the service and providing oversight. People, their relatives, and staff told us that the RI and manager are approachable and supportive.

The service is committed to continuing to work towards providing an 'Active Offer' of the Welsh language. Although there are currently no Welsh speakers residing at the service, efforts are made to celebrate different cultures and backgrounds through various events.

## Well-being

People told us they are happy living at Caerleon House and are highly complimentary of the care and support they receive. The service records compliments and concerns to ensure openness and transparency. Records confirm that compliments are consistent, and concerns are isolated. A relative mentioned that when they raised concerns, these were promptly addressed and provided some assurance. People told us care is *“Good, staff are lovely, and “They make me feel comfortable.”*

People receive consistent and reliable care. The service plans ahead to recruit staff when needed, resulting in no agency staff usage. Familiar staff members provide continuity of care, which has improved staff morale and teamwork. The service reviews staffing levels when changes occur to ensure people receive the right care. The service provider agreed to closely monitor the dining room experience to ensure people consistently receive the right assistance at mealtimes. We observed good relationships between people and staff, based on familiarity and trust.

The service promotes health and well-being by regularly monitoring people's health and taking prompt action when needed. Health referrals are made, and advice to follow is communicated to staff. Detailed treatment plans and personal plans guide nurses and staff to improve people's health and optimise outcomes. People receive the right medication, and robust audits identify patterns and trends, ensuring prompt action is taken when changes occur. These measures ensure that people's health and well-being are consistently supported.

People are actively consulted, and their voices are heard. They enjoy meaningful interactions with care staff, who support them in making their own decisions. The service values people's views and engages with them through regular meetings and feedback surveys to identify improvements. Based on feedback, changes have been made, such as implementing a staff information board and seeking a new hairdresser. People and their representatives are encouraged to contribute to and review their personal plans to ensure their preferences are known. People told us that staff are always respectful of their choices. The RI regularly visits the service to speak with people and their representatives, helping to shape the service.

The service ensures people's safety by recruiting staff safely and providing core training. Care staff are confident that any concerns raised are appropriately addressed. Regular checks and audits of the building, facilities, and equipment maintain safety. Personal plans and risk assessments identify what matters to people and guide care staff in supporting them safely

## Care and Support

People engage in meaningful activities and interactions. We observed conversations and laughter flowing freely as individuals socialised with staff and managers. There is a designated activities team that is highly motivated, and people told us they look forward to the activities and spending time with others. The home offers a variety of activities tailored to peoples' interests and abilities, including arts and crafts, music sessions, quizzes, pampering, and many more. Some social outings to the local pub and cafés are organised to keep people engaged and connected with the local community. These activities provide entertainment, promote well-being, and foster a sense of belonging and purpose among people. We observed that some people did not always receive the necessary assistance at mealtimes, which could compromise their nutrition, hydration, and overall well-being. The service provider took immediate action, and we noted significant improvement during the second unannounced inspection visit.

People benefit from a service that effectively meets their needs and ensures they feel included in their care. Before admission, the service assesses people's needs to ensure it is suitable for them. People are actively involved in developing their personal plans to ensure their preferences are known. Risks are assessed and mitigated as reasonably practicable, which is important as it guides staff. People's voices are heard, and they are given the opportunity to review their care and support to make changes. Regular resident meetings are arranged so people can share their views collectively, and we found that the service made changes based on this feedback to improve people's experiences.

People's health and well-being is closely monitored, and action is taken when needed. The service maintains good links with the General Practitioner, who regularly attends the home to review people's health. Timely referrals are made to health and social care professionals to ensure people's physical and mental health is optimised. We observed that nurses closely monitor people's health and manage wounds effectively, leading to improvements in skin integrity. Medication management in the home is good, with nurses and care staff trained and competent to administer medication. Records confirm that people receive the right medication at the right time, ensuring their health needs are met effectively. The service makes deprivation of liberty safeguard applications (DoLS) to secure the necessary authorisations for people who are unable to make decisions about their care and accommodation.

## Environment

In recent years, the new service provider has undertaken extensive refurbishments of the home and has plans for further enhancements. These improvements are designed to create a more comfortable and supportive environment, enhancing the overall well-being and quality of life for people. The home is light, airy, and inviting, with communal areas that are homely and encourage socialisation or privacy as desired. The furniture throughout the home is designed to meet people's needs and is in good condition. Baths and showers are available to accommodate individual preferences. People's bedrooms are personalised according to their choices and tastes, with input from both people and their relatives in selecting the décor for refurbished areas. Additionally, there is a well-maintained garden featuring a water feature, where people can enjoy spending time with friends and relatives.

A designated maintenance person consistently conducts regular tests to maintain compliance and promptly responds to repairs in the home. The manager regularly audits the environment to ensure the home continues to meet standards. The service has arrangements in place to ensure all facilities and equipment are regularly serviced and safe for use. There is a selection of equipment to promote people's mobility, independence, and comfort. People living in the home have personal emergency evacuation plans to guide staff on how to support them safely in case of an emergency. These measures ensure that people live in a safe, well-maintained environment that supports their well-being and independence.

The service protects people through effective arrangements for managing infection control. All staff are trained in infection control management and understand its importance. Staff follow robust cleaning schedules, and we observed high standards of hygiene within the home with no unpleasant odours. Laundry arrangements ensure that people's clothing and bedding are clean and presentable. We found sufficient supplies of personal protective equipment (PPE) for staff, which they use and dispose of safely. Substances hazardous to health are securely stored to prevent risks to people with impairments. The kitchen has been awarded a score of 4 by the food standards agency, indicating good standards of food hygiene.

## Leadership and Management

The service maintains strong governance and oversight with effective management structures that ensure accountability and transparency in all areas of the service. The RI visits the home weekly, actively seeking the views of people and staff. They evaluate the quality and safety of the service every six months, celebrating their successes and making recommendations for improvement. While the reports need to include more analytical information, this is captured in additional audits. The manager and staff report that the RI and the director are always available and approachable. Since the last inspection, they have enhanced their audit processes to effectively review and monitor compliance with standards across various areas, identifying opportunities for improvement. They also plan to incorporate lessons learned. The management team takes a proactive approach to addressing any issues that arise and implements necessary changes to enhance service quality. The manager feels well-supported by the RI and the director, with regular opportunities for meeting.

The service proactively recruits staff as needed, eliminating the need for agency staff. This consistency has fostered strong relationships and boosted team morale. Staff members shared, *"We work well as a team"* and *"Communication is good, and we help each other."* People noted that staff are familiar to them, and we observed positive interactions and laughter. Staff rotas confirm that staffing levels are maintained, and adjustments are made when people's needs change. All staff are trained in safeguarding and know the appropriate actions to take when concerns arise. These measures ensure continuity and consistency, providing people with reliable and familiar care, which enhances their overall experience and well-being.

The service protects people through safe recruitment processes. Staff are safely recruited, and their personnel files contain the necessary security and vetting checks before they start employment. All staff are registered with Nursing and Midwifery Council (NMC) or Social Care Wales (SCW), the workforce regulator. New staff complete a structured induction programme and undertake shadow shifts with more experienced care staff when they start. Staff receive core training for their roles and keep up to date with ongoing refresher training. The service also provides additional training according to specific individual needs, such as dementia, learning disabilities, or specific health conditions. Staff reported feeling well-informed through regular training and understanding people's personal needs. They receive regular opportunities for supervision and appraisals, which allows them to receive support and discuss their professional development. The quality of these sessions could be improved to ensure they are consistently meaningful and reflective. Staff appreciate the regular opportunities for informal and formal support from the management team. They described the manager and clinical lead as *"Approachable, helpful, and supportive."*

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

### Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A



	inspection	
--	------------	--

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 05/03/2025