



# **Inspection Report on**

**Cwmgelli Lodge Ltd**

**Cwmgelli Lodge  
Lon Pennant  
Blackwood  
NP12 1BR**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

**28/01/2025**

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## About Cwmgelli Lodge Ltd

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Cwm Gelli Care Limited
Registered places	26
Language of the service	Both
Previous Care Inspectorate Wales inspection	12 January 2024
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

People and their families are happy with the quality of care provided at Cwm Gelli Lodge. Nurses and care staff understand the needs of the people they care for and interact with them in a kind and sensitive manner. Opportunities to participate in a range of activities and community events are available. Personal plans of care clearly set out people's physical and mental health needs and how they should be met. Plans are person centred, and they are reviewed regularly. Medication administration is not sufficiently robust. Restrictions made in people's best interests to manage their safety require appropriate paperwork.

There is strong leadership at the service. The responsible individual (RI) regularly visits the service to evaluate the quality of the service. There are systems in place to monitor and review people's care delivery. Recruitment processes are safe with appropriate vetting checks for staff. Staff receive appropriate training and regular supervision. All eligible staff are registered with the work force regulator, Social Care Wales.

People live in a suitable environment that is safe and meets their needs. The environment is well maintained and managed to ensure that people can fully use the space available to them.

## Well-being

People are supported to maintain their health and well-being. There is clinical oversight and monitoring of people's physical and mental health. Systems in place for administering medication are not sufficiently robust. Care staff know the people they are supporting well and seek clinical assistance quickly when required. Individuals are supported to access a range of healthcare services when there is any change to their health needs, including a range of therapy services provided in house. People benefit from a consistent team of care staff and nursing staff, who support them to manage complex health needs.

Individuals are given the opportunity to make as many everyday selections as they can including, for example where and how to spend their day, food and drink options. There is a programme of activities for people to take part in each day. People are supported to use communal spaces as well as quieter areas as they chose. Some people are supported to leave the service to enjoy their local community. People are supported to maintain relationships with family and friends. Where people lack the capacity to make important decisions relating to their life, best interests' assessments are not consistently completed to justify measures which may restrict people's freedom and liberties.

There are systems in place to help protect people from harm. People are supported by staff who have been through safe recruitment process, induction and training. Accidents and incidents are recorded and monitored, with actions taken to minimise further occurrence. Risk assessments and personal plans outline how staff can manage risks to people's safety and well-being. The provider has a safeguarding policy and guidelines for staff to follow, all staff receive regular safeguarding training. Safeguarding referrals are completed appropriately.

People live in a home that is clean and safe, clutter free and comfortable throughout. There is a range of systems to help mitigate risks to the health and safety of people at the service. Fire safety checks and monitoring of fire equipment are completed on a regular basis. The service promotes hygienic practices and effectively manages infection prevention and control procedures

## Care and Support

Assessments are completed prior to people moving in, to determine whether the service can cater for their needs. Each person receiving a service has a personal plan. These are reflective of people's identified needs and contain practical information guiding staff on the best ways of providing care. They also contain risk assessments which help mitigate risks to people's health and safety. Plans are individualised containing people's likes/dislikes, social histories and preferences for support. Although, plans are reviewed regularly, evidence of people or their representative's involvement in reviews and decision-making processes are not consistently included. Involvement in care plan reviews would ensure the person's views, opinions and wishes are considered and included. People's outcomes are identified in line with their individual needs, plans include guidance to support people to achieve these outcomes.

Where there are restrictions made in people's best interests to manage their safety, Deprivation of Liberty (DOLS) authorisations are sought. Personal plans for people lacking capacity to agree to arrangements for their care or treatment did not have evidence of best interest's decision-making in line with the Mental Capacity Act, or specific capacity assessments. This is an area for improvement and we expect the provider to take action.

Daily monitoring charts and care recordings show that staff support people in line with their plans. The level of detail within daily records can often be minimal and task orientated and fail to evidence engagement and stimulation for people. Staff make referrals to medical and specialist services where there are changes to people's health and well-being and follow appropriate guidance. People have an opportunity to participate in regular activities and maintain relationships with friends and family. Activity staff are employed at the service to provide regular stimulation to people.

There are systems in place for receiving, storing and administering medications to ensure medical conditions are managed accordingly. We saw medication is stored safely and can only be accessed by authorised staff. Controlled medication is monitored. Guidelines for the administration of as required medication and covert medication were not readily available for everyone. We saw gaps in the recording of the reasons why as required medication is given. We saw medication had been signed for to state administered before it was offered and, in some cases, refused. This is an area for improvement and we expect the provider to take action.

## Environment

The premises, facilities and equipment are suitable for the provision of the service. The location, design and size of the premises are as described in the statement of purpose. People's well-being is enhanced by living in an environment that is clean, safe, and suitable for their needs. Accommodation is located over two floors and includes ample space for people to spend time communally or privately. Individual bedrooms are personalised and large enough to accommodate specialist equipment. The service has bathrooms on both floors; bathrooms contain adapted equipment to support people's personal care needs. We saw that bathrooms are clean and well maintained.

People live in a safe environment, with safety checks being conducted on a regular basis to identify and mitigate risks to health and safety. 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. Fire safety tests and drills are completed on a regular basis. Personal emergency evacuation plans are in place and accessible in the event of an emergency. The service had been inspected by the Food Standards Agency and had been given a rating of 5, demonstrating the service was rated as very good.

## Leadership and Management

The Statement of Purpose (SoP) states what people can expect whilst living there, and the service reflects the contents. There are governance arrangements in place to support the operation of the service to ensure continued quality care and support. The manager is experienced and registered with Social Care Wales. The Responsible Individual (RI) has oversight of the service and completes regulatory visits to gather feedback from people, their representatives, and staff. The quality assurance report requires further development to fully evaluate service delivery and identify potential areas for improvement.

There are enough staff on duty to support people effectively. The management team consider people's needs and ensures that the rota reflects this. There are good staff recruitment practices in place. We viewed a sample of newly appointed staff records and found the required pre-employment checks had been completed. This included Disclosure and Barring Security (DBS) checks and gaining satisfactory references. Previous employment histories are explored as part of the selection process. This enables the service provider to make a decision about the fitness of workers at the service. All eligible staff are registered with the workforce regulator, Social Care Wales. Nurses are registered with the Nursing and Midwifery Council, and the provider supports staff to maintain their professional registrations.

Newly appointed staff complete an induction programme which includes training and shadow shifts. Staff receive regular supervision to provide staff with the opportunity to discuss any concerns or training needs they may have and allow their line manager to provide feedback on their work performance. Staff training records indicate support staff have access to a variety of training opportunities, and complete refresher training in a timely manner.

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
58	The recording and administration of medication is	New



	not sufficiently robust.	
31	Where people lack the capacity to make important decisions relating to their care and support, best interests' assessments are not consistently completed to justify measures which may restrict people's freedom and liberties.	New
59	Records are not always completed in a timely manner, and do not accurately reflect the care and support provided to people, nor the record of every fire practice. The management are aware but have not taken timely action to address all gaps.	Achieved
36	The service provider has not ensured that all people working at the service (including a person allowed to work as a volunteer) receive appropriate supervision and appraisal.	Achieved

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