Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Heathdene

Heathdene Care Home, Blaenavon Road Govilon, Abergavenny, NP7 9NY

01873830827

www.achievetogether.co.uk

The inspection visit took place on 24/09/2026

Service Information:

Operated by:	Achieve together Ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for learning disability, Provision for mental health
Registered places:	6
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	Requires Improvement
Care & Support	Requires Significant Improvement
Environment	Good
Leadership & Management	Requires Significant Improvement

Summary:

Heathdene is operated by Achieve Together Ltd and provides accommodation and support for adults with a wide range of complex needs, including learning disabilities, autism, mental health needs, acquired brain injuries, physical disabilities, among other care needs. The service aims to provide person-centred, outcome-focused support that promotes independence, wellbeing and quality of life.

The wellbeing of people requires improvement. People living at the service benefit from caring and committed staff who know them well and support them with warmth and compassion. However, we found improvements are required in relation to wellbeing, as people were not always fully supported to exercise choice and control, opportunities for meaningful occupation are not consistently personalised, and communication with relatives is not always effective.

Care and Support at the service requires significant improvement. Whilst staff demonstrated a good understanding of people's individual needs, significant concerns were identified regarding the

implementation and monitoring of specialist guidance, particularly in relation to modified diets and swallowing needs. Care planning and review processes are not always effective in ensuring people's changing needs were accurately reflected and safely managed.

The environment is rated “Good”. People live in a clean, comfortable and homely setting that promotes their wellbeing. Bedrooms were personalised, communal areas were welcoming, and the home was generally well maintained with appropriate safety and maintenance arrangements in place.

Leadership and Management requires significant improvement. Governance and quality assurance systems had not effectively identified or addressed concerns relating to care planning, specialist support needs and service oversight. Whilst systems are in place, they are not consistently effective in driving improvement or ensuring people always received safe, high-quality care.

Findings:

Well-being — Requires Improvement

During our inspection, we observed many warm and caring interactions between staff and people at the service. Staff are familiar with people's routines, preferences and communication needs and generally respond promptly when support is required. People appear relaxed in the presence of staff and are able to access communal areas freely throughout the day. Bedrooms contain people's personal possessions, photographs and items of significance, helping people maintain a sense of identity and belonging.

Despite these positive observations, we found that people are not always supported to exercise meaningful choice and control over their daily lives. Records and discussions with staff demonstrate that opportunities for meaningful engagement and occupation are not consistently personalised. Whilst some activities are available, documentation does not always demonstrate how these reflect individual interests, preferences, life histories or personal outcomes. This makes it difficult to evaluate whether people are being supported to achieve outcomes that are important to them.

People do not consistently achieve personalised outcomes because support is not always delivered in a way that fully promotes their rights, dignity, choice and personal aspirations. Whilst people appear comfortable in their home and benefit from positive relationships with staff who know them well, we identified areas where improvements are needed to ensure people experience the best possible quality of life.

People benefit from support to maintain relationships with those important to them. However, feedback from relatives indicated communication was not always effective. Some family members told us they are not consistently informed about changes affecting their relative's care or events relating to their wellbeing. Relatives spoke positively about caring staff but feel they should be more involved in discussions regarding care planning, reviews and decision-making.

We also observed occasions where staff completed tasks without fully engaging people in meaningful conversation or explaining what was happening. Whilst there was no evidence people were distressed by these interactions, such practices do not consistently promote dignity, participation and inclusion. People's voices and preferences are not always clearly reflected within care planning documentation, limiting opportunities to demonstrate how care and support is shaped around individual outcomes.

The findings identified during this inspection indicate people do not always receive support that is

consistently focused on their wellbeing, rights and personal outcomes. Improvements are required to strengthen person-centred practice, enhance communication with relatives, ensure meaningful opportunities for engagement and promote people's involvement in decisions affecting their lives.

Care & Support

Requires Significant Improvement

Care staff know people well and are able to describe their daily routines, preferences and personalities. We observed staff providing support in a patient and respectful manner. Records demonstrate people can access healthcare professionals when required and personal plans contain information regarding health conditions, communication needs and support requirements.

Despite these strengths, we found significant shortfalls in relation to the implementation of specialist guidance. Two people have assessed swallowing difficulties and require modified diets in accordance with Speech and Language Therapy (SALT) guidance. However, records reviewed contained repeated examples of meals provided that did not appear consistent with their prescribed dietary requirements. Daily records referred to foods not compatible with their level of needs despite care planning documentation identifying the need for highly modified food textures.

People do not always receive care and support in line with their assessed needs because systems for reviewing, implementing and monitoring specialist care arrangements are not sufficiently effective. We identified concerns regarding the management of modified diets and swallowing difficulties.

The responsible individual (RI) has given assurances that action is being taken to address the concerns identified. This includes reviewing care planning processes, strengthening oversight of specialist guidance, delivering additional staff training and enhancing monitoring arrangements. The service has demonstrated a commitment to improvement and has begun implementing measures intended to achieve sustainable and positive outcomes for people living at the home.

Care planning documentation is available and contains relevant information. However, reviews frequently record *'no change'* despite evidence of changes in people's health, communication and support needs. We found examples where healthcare information had not been updated following changes to treatment arrangements. Personal plans also do not consistently reflect people's current activities, interests or changing outcomes.

People receive medication from trained staff and medication systems are organised. However, medication stock discrepancies identified during sampling indicated that oversight arrangements require strengthening.

Outcomes for people are poor because assessed care arrangements are not always implemented or reviewed effectively. We therefore issued a Priority Action Notice The provider must take immediate action to ensure people receive safe care that reflects professional guidance and assessed risks.

Environment — Good

People live in an environment that is clean, comfortable and suitable for their needs. The home provides a welcoming and homely atmosphere where people are able to live in surroundings that reflect their personalities, preferences and lifestyles. The environment supports people's wellbeing by promoting comfort, familiarity and opportunities for social interaction.

During our inspection, we found the home to be clean, tidy and generally well maintained. People's bedrooms are personalised with photographs, ornaments, furniture and possessions important to them, helping to create a sense of ownership and belonging. These personalised spaces reflect people's individual tastes, life histories and interests. Communal areas are comfortable, appropriately furnished and accessible to people living at the service. A variety of spaces are available for people to relax, spend time with others or receive visits from family and friends. Throughout the inspection, we observed people moving freely around the home and choosing where they wished to spend their time.

People benefit from an environment that supports their assessed needs and promotes their safety. Appropriate equipment was available and in use to support people with mobility and personal care requirements. Storage arrangements for medicines, cleaning products and specialist equipment is organised and helps to reduce potential risks. We found infection prevention and control measures to be effective, with the home appearing clean and free from unpleasant odours in communal areas. Staff demonstrates awareness of their responsibilities in maintaining a safe and hygienic environment.

Records show that routine servicing, maintenance and safety checks have been completed. These include gas safety inspections, electrical testing and the servicing of equipment used within the home. Such arrangements help provide assurance that the environment is monitored appropriately and remains safe for the people living there. Staff told us maintenance issues are reported promptly and addressed in a timely manner.

We observed people using communal facilities throughout the day and noted the environment was generally suitable for the people currently living at the service. Staff spoke positively about the accommodation and its ability to meet people's needs. Feedback received indicates that people are comfortable in their surroundings and are able to personalise their living spaces to reflect what was important to them.

People benefit from a safe, comfortable and well-maintained environment that supports their wellbeing and daily lives. While there remains opportunities for ongoing improvement, the issues identified during inspection did not significantly impact people's experiences. We found the

environment continues to provide positive outcomes and remains suitable to support people's health, wellbeing, safety and quality of life.

Leadership & Management

Requires Significant Improvement

The provider has governance systems in place, including audits, Quality Assurance reviews, RI visits and quality monitoring arrangements. Policies and procedures covering safeguarding, positive behaviour support and restrictive practice were reviewed during the inspection. Recruitment processes are good and staff files reviewed contain the required documentation. Most staff received regular supervision and mandatory training completion rates were strong in several core areas.

Despite these arrangements, quality assurance systems have not been effective in identifying the significant concerns found during inspection. Governance processes failed to identify shortcomings in the management of modified diets, inconsistencies in personal plan reviews, weaknesses in safeguarding follow-up and concerns relating to staff morale and service culture.

People are not consistently supported by effective leadership and governance arrangements because quality assurance systems have failed to identify, manage and respond to significant areas of risk. We have issued a Priority Action Notice.

The provider's own reviews repeatedly identified issues relating to activities, communication and recording practices. However, these concerns continued across successive review periods with limited evidence of sustained improvement. This demonstrates that governance processes are not consistently driving improvement or addressing identified shortfalls.

Leadership stability has also been impacted by management changes and periods of absence. Staff reported concerns regarding management visibility, communication and support. Several members of staff described low morale, poor teamwork. Staff told us they do not always feel comfortable raising concerns and some expressed worries regarding confidentiality and follow-up actions. Such feedback indicates the service culture is not always conducive to open communication and learning.

Training records also identified gaps in specialist areas relevant to people's needs, including dysphagia, epilepsy awareness, autism and buccal medication administration. Given the complexity of people's needs, these deficiencies further demonstrate weaknesses in oversight and workforce development.

Outcomes for people require significant improvement because governance systems are not sufficiently robust to identify risks and secure sustained service improvements. We therefore issued a Priority Action Notice. The provider must take immediate action to strengthen quality assurance arrangements, improve oversight and ensure people consistently receive safe, person-centred

care.

Since the inspection, the RI has provided assurances that action is being taken to strengthen governance and oversight arrangements. This includes reviewing quality assurance systems, increasing management monitoring, addressing identified training gaps and improving the auditing of care records and service delivery. The provider is demonstrating a commitment to improvement and has begun implementing measures designed to strengthen accountability, promote effective leadership and achieve sustained improvements in outcomes for people using 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.

CIW has no areas for improvement identified following this inspection.

Summary of areas for Priority Action	Date identified
People will receive care and support that protects, promotes and maintains their safety, wellbeing and health. Care and support will be delivered in accordance with their assessed needs, personal plans and professional guidance. Robust systems will ensure personal plans are regularly reviewed, accurately reflect people's current needs and are consistently followed by staff, so that individuals receive safe, person-centred care and support at all times.	24/09/26
The provider has effective governance, quality assurance and oversight arrangements which identify, monitor and address risks to people's health, safety and wellbeing. Systems are used to evaluate the quality of care, drive continuous improvement and ensure care and support is delivered in accordance with people's needs, personal plans and relevant legislation.	24/09/26

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