Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Glencourt

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The inspection visits for this service took place between 13/04/2026 and 20/04/2026

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:	5
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:

This inspection considered a small care home providing support for people with mixed needs. We found a committed and experienced staff team who know people well and provide support that often promotes comfort and stability. People appear settled, and staff support people to access the community and maintain their day-to-day routines.

However, outcomes for people are not consistently supported due to weaknesses in care planning, governance and oversight. Personal plans do not always reflect people's current needs, and quality assurance systems have not identified or resolved these issues. There are also inconsistencies in staff practice, including maintaining dignity, which impact people's experiences. Consequently, we have rated the theme of Wellbeing as 'requires improvement', and the themes of Care and Support and Leadership and Management as 'requires significant improvement'. Two priority action notices have been issued in relation to standards of care and the oversight provided by the responsible individual (RI), reflecting the seriousness of our findings. The environment is mostly safe and comfortable, and we have therefore issued a rating of 'good' under this theme.

Findings:

Well-being — Requires Improvement

Outcomes for people's well-being require improvement. People benefit from stable and familiar support, and staff demonstrate a good understanding of people's routines and preferences. People appear comfortable in their surroundings, and relationships between staff and people are generally positive. People are mostly supported to access healthcare services, including specialist input, which helps to maintain their physical health. Staff encourage people to engage in everyday activities and access the local community, supporting social inclusion and routine.

People have some opportunities to exercise choice and maintain control over aspects of their daily lives. Staff understand how people communicate and apply this knowledge to support day-to-day decisions. Communication tools are in place, and people's preferences are generally known. There is some evidence of people achieving personal outcomes and engaging in activities they enjoy. However, opportunities for consistent meaningful activity and personal development are limited and not sufficiently varied. Activities tend to be repetitive, and there is limited evidence of structured or aspirational opportunities that support people to achieve broader well-being outcomes. Personal plans do not clearly set out people's goals or desired outcomes, which reduces the effectiveness of support in helping people progress or develop independence. In addition, involvement of people, families and representatives in planning and review processes is not consistently evident, which limits people's voice in shaping their care. The promotion of Welsh language and culture is developing, with simple Welsh phrases displayed in communal areas of the home.

Safeguarding systems are in place and understood by staff, and people are generally protected from intentional abuse. There is no evidence of unreported safeguarding incidents, which is a strength. However, inconsistencies in documentation, including mental capacity assessments and associated decisions, reduce assurance that legal requirements are always applied appropriately. This means people may be unnecessarily restricted. Additionally, systems to ensure people can express concerns, such as regular structured meetings or care reviews, are not consistently embedded, meaning people's voices may not always be heard and concerns may go unreported.

Overall, while many people experience mostly positive day-to-day support, improvements are needed to ensure well-being outcomes are consistently planned for, reviewed and achieved.

Care & Support

Requires Significant Improvement

Outcomes for people in relation to care and support require significant improvement. Care is delivered by a stable staff team who know people well and mostly demonstrate kindness, familiarity and commitment. Interactions are often positive, and people appear comfortable with those supporting them. Health needs are generally monitored appropriately, with evidence of access to healthcare professionals and support to attend appointments. Daily records demonstrate that personal care, nutrition and general support are provided regularly.

Despite these strengths, we found significant shortfalls in care planning and delivery. Personal plans are not consistently accurate, contain conflicting information and are not always updated to reflect changes in people's needs. Reviews are carried out regularly but lack meaningful analysis, resulting in plans that do not evolve to guide staff effectively. This impacts the consistency and safety of care delivered, particularly in relation to risk management, where plans often lack sufficient detail to guide staff in managing known risks, or are absent altogether. We also found that care staff lack essential specialist training, meaning they do not have the necessary knowledge to safely deliver care to individuals with specialist needs. This has placed people at a significant risk of harm.

We also identified inconsistencies in how care is delivered in practice. While staff know people well, care does not always reflect documented guidance or best practice. There are occasions where people's dignity and privacy are not consistently promoted, and professional boundaries are not always maintained. Although these issues are not constant, they demonstrate an inconsistent approach to care delivery that undermines people's experiences.

Medication management is mostly safe, but gaps in recording and oversight were identified, and audit systems have not consistently identified these issues. We found positive practice in infection prevention and control (IPC). The home is generally clean, and staff follow colour-coded cleaning systems, which helps to reduce the risk of cross-contamination and the spread of infection.

Overall, while people benefit from a committed staff team, the lack of accurate, person-centred planning and inconsistent practice means care does not reliably meet people's needs or support safe, high-quality outcomes. Consequently, we have issued a Priority Action Notice around overarching standards of care and support, and we expect the service provider to take immediate improvement action.

Environment — Good

Outcomes for people in relation to the environment are mostly good. The service provides accommodation that generally meets people's needs and supports their day-to-day living. Bedrooms are personalised and reflect people's preferences, helping to create a sense of comfort and familiarity. Communal areas are accessible and provide space for social interaction, and people have access to the facilities and equipment required to support their daily lives.

The service has taken steps to address some issues identified at previous inspections, demonstrating a commitment to improving the environment. People appear relaxed within the setting, and the home supports people to move freely and safely. Infection prevention and control measures are largely in place, with appropriate supplies and systems available to maintain hygiene standards.

We identified concerns regarding the safe storage of hazardous substances, with cleaning materials not always secured appropriately. This presents a potential risk to people and requires consistent management to ensure safety. While we acknowledge the service provider took immediate action to address this during the inspection, this issue was also identified previously. This indicates repeated inconsistency in practice, which increases the risk to people and highlights the need for more robust oversight.

Health and safety arrangements are generally in place, with regular auditing undertaken. However, these audits are not always completed in a meaningful or accurate way, and some findings recorded did not reflect the actual conditions within the service. This limits their effectiveness and places people at potential risk, as concerns are not consistently identified or addressed. We also identified specific fire safety concerns, including insufficient fire drill practices and out-of-date personal emergency evacuation plans (PEEPs). This means people may be placed at risk in the event of an emergency evacuation, as staff may not have clear or current guidance to follow.

Overall, the environment supports people's needs and provides a suitable place to live. Some concerns around hazardous substances and fire safety were identified and these matters have been included within the identified Priority Action Notices, and we will review progress and improvements at the next inspection.

Leadership & Management

Requires Significant Improvement

Outcomes for people in relation to leadership and management require significant improvement. There is a stable staff team who demonstrate commitment to the people they support, and staff interactions show familiarity and knowledge of individuals. The service has recently experienced changes in management, and new leadership has shown openness to feedback and a willingness to improve, which is positive. However, governance and oversight arrangements are not effective. Quality assurance systems, including audits and reviews, are not robust and have failed to identify significant issues within the service. We found evidence of audits being completed without identifying concerns that were clearly present, indicating that these processes are not used effectively to drive improvement. This has resulted in ongoing issues in care planning, care delivery and health and safety not being addressed in a timely way.

The service is not consistently meeting regulatory requirements. Required notifications have not been submitted to the regulator, Care Inspectorate Wales, and important documents, including the statement of purpose, were not accurate or up to date. Oversight by the RI is not sufficiently robust, with limited evidence of meaningful review, evaluation or follow-up actions to improve the quality of care. Governance reports demonstrate a reliance on checklist approaches rather than critical analysis. As a result of these findings, we have issued a Priority Action Notice relating to the effectiveness of oversight by the RI. The RI must take immediate action to address these shortfalls and ensure appropriate governance arrangements are in place to safeguard people and promote improvement.

Staff are generally knowledgeable and understand their safeguarding responsibilities. However, gaps in training were identified in key areas relevant to people's needs, and team meetings are not consistently undertaken. We also identified inconsistencies in care workers' registration with the workforce regulator, Social Care Wales. This limits opportunities for staff development, reflection and improvement in practice. Staffing arrangements do not always ensure sufficient cover during busy periods, which may affect the consistency and safety of care.

Overall, while there is a committed staff team and willingness to improve, leadership and management arrangements do not provide the effective oversight and governance required to ensure positive outcomes for people. We acknowledge the service provider's immediate assurances and prompt action taken to address critical risks identified during the inspection. We also recognise the positive steps being taken, particularly in relation to changes in management and senior leadership arrangements, which provide a foundation for improving service delivery. We will evaluate the impact of these developments and the extent of improvement made at the next inspection.

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
The service provider has not ensured care and support is provided in a way which protects, promotes, and maintains the safety and wellbeing of individuals. Immediate action must be taken to mitigate the risks identified.	13/04/26
The responsible individual has not supervised the management of the service effectively, resulting in significant risk posed to people.	13/04/26