



## Eleanor Hodson House Nursing Home



Eleanor Hodson House , Pillmawr Road , Caerleon , Newport , NP18 3QZ



01633 430994

The inspection visit took place on 30/12/2025

### Service Information:

Operated by:	Isca Care Limited
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with nursing, Care home for adults - with personal care
Registered places:	32
Main language(s):	English
Promotion of Welsh language and culture:	The provider is not promoting the Welsh language and culture needs of people, and this requires improvement.

## Ratings:



Well-being

Requires Improvement



Care & Support

Requires Significant Improvement



Environment

Good



Leadership & Management

Requires Significant Improvement

## Summary:

Eleanor Hodson House is a nursing home in Newport that provides care and support to people with a wide range of care and nursing needs

People experience varied outcomes across the service. Wellbeing requires improvement because, although many people benefit from positive relationships and warm interactions with staff, others experience delays in care and limited opportunities for meaningful engagement, which affects their emotional wellbeing. Care and support require significant improvement. People do not consistently receive care aligned with their personal outcomes, and safeguarding and governance shortfalls place people at risk, despite strong medication and infection control practices. The environment is rated good. People live in a warm, clean, safe, and well-maintained setting that meets regulatory requirements, with mostly positive feedback about the accommodation and facilities. Leadership and management require significant improvement due to weak oversight, inconsistent risk monitoring, and poor complaints and safeguarding processes. Staffing levels, training compliance, and transparency from the responsible individual (RI) also require urgent attention. A new leadership team has begun implementing improvements, and we will monitor the impact at our next inspection.

## Findings:



### Well-being

### Requires Improvement

People are generally supported to maintain relationships that are important to them. During our inspection, we observed frequent family visits that were sensitively facilitated by care workers who recognised the significance of these connections in promoting people's emotional wellbeing. We received a broad range of feedback from relatives, with many offering positive comments about the commitment of care workers and the visible improvements brought by the new management team. Several families told us they feel listened to and have confidence that the provider responds promptly to concerns. However, we also received very poor feedback from some relatives who reported inconsistent and, at times, poor care delivery. They expressed anxiety about their loved ones' welfare. Overall, feedback was evenly balanced between positive and negative experiences, demonstrating people's differing perspectives of the service. Leaders assured us that action will be taken to address these concerns, and we look forward to hearing how families' experiences improve at our next inspection.

Interactions observed between staff and people were often warm, respectful, and centred around maintaining dignity. During quieter periods, care workers used meaningful conversation and effective distraction techniques to reduce distress and support people's individual interests. These positive interactions contributed to a sense of personal value for many people. However, we also witnessed instances where staff appeared time pressured, particularly during busier times of day. As a result, some people experienced long waits for essential support, including when they were in pain. This service provider must ensure people consistently receive timely care that enhances their comfort and wellbeing, and we were offered assurance work has already started to improve issues identified by the inspection.

People's independence and choice are not consistently promoted. We observed individuals being woken earlier than their natural waking time to fit staff routines, and some staff confirmed that night workers routinely wake people to assist with morning tasks. This practice does not align with person-centred care and risks diminishing people's autonomy. Leaders assured us that staff would be reminded this is not acceptable and that expectations will be reinforced.

At the time of inspection, opportunities for meaningful activity were limited. Formal and informal engagement was minimal, and several people told us this had negatively affected their emotional wellbeing. The provider has since appointed an activities co-ordinator, and we look forward to seeing how this role supports improved stimulation, social interaction, and overall wellbeing at future inspections.



## Care & Support

## Requires Significant Improvement

People do not consistently receive the quality care and support they need to achieve their personal outcomes, and significant improvement is required. Feedback from individuals and their families was markedly mixed. While some people told us they are happy with the care provided, others reported that shortfalls in service delivery have negatively affected their wellbeing, particularly their emotional wellbeing. This variation demonstrates that people experience the service very differently, and the provider must ensure that all individuals receive care that is safe, compassionate, and aligned with their assessed needs.

Personal plans are generally person-centred in their format; however, they are not consistently completed in collaboration with the person or their representative. As a result, people's wishes, aspirations, and personal outcomes are not always clearly recorded. We identified personal plans that lacked essential information required to deliver specialist and person-centred support, particularly in relation to positive behaviour support. Daily records demonstrated that care was not always delivered in line with people's specialist needs, placing them at risk of harm and ill health. While personal plans are reviewed within required timescales, we are concerned that these reviews have not identified key issues, indicating they are not as meaningful or robust as expected.

Medication is safely managed. People receive their medication as prescribed, and nursing and senior staff demonstrated good knowledge of medication systems. Medication is appropriately stored, and strong oversight of medication counts helps ensure any discrepancies or errors are identified promptly. Controlled drugs are handled safely and in accordance with legislation. People's risk of infection is also minimised by the promotion of good hygiene practices. During our inspection, we observed sufficient stocks of personal protective equipment (PPE) and staff generally using PPE appropriately. The environment was clean, and domestic staff were observed maintaining hygiene across the service.

People are not consistently protected from harm and abuse. The service provider has not always made timely and appropriate referrals to the safeguarding team when concerns of a safeguarding nature have arisen. This failure to follow expected safeguarding procedures has placed people at risk and has resulted in some concerns going unreported. We also identified additional safety issues, including low staff training compliance and low agency induction compliance, meaning not all staff have the necessary knowledge to meet people's specialist needs safely. Furthermore, people's liberties are not consistently protected. Deprivation of Liberty Safeguards (DoLS) referrals have not been consistently managed, and some personal plans and daily notes we reviewed contained restrictive language.

Due to the seriousness of the issues identified, we have issued a priority action notice, and we expect to see demonstrable improvement in these areas at our next inspection. The provider assured us they recognise the importance of addressing these concerns urgently and that steps

have already been taken to strengthen safeguarding processes.



## Environment

Good

People generally live in an environment that meets their needs and supports their wellbeing. The accommodation provides a range of communal and private spaces, allowing people choice over where they spend their time. We observed smaller, more homely communal areas where people could meet visitors privately, alongside larger shared spaces for groups. It is hoped that the employment of a new activities co-ordinator will result in larger groups utilising these communal spaces in the near future. The service is warm, welcoming, and well-lit throughout, contributing to a comfortable and calm atmosphere. Furnishings and equipment are suitable for meeting people's assessed needs, and the décor is neutral, tidy, and well-maintained.

People's feedback about the environment was mixed but largely positive. Several individuals told us they were satisfied with their living spaces and had no concerns about the standard of the accommodation. We also saw some good examples of personalisation, including a person having personal items displayed in their bedroom by the service's maintenance technician.

Outdoor spaces are well kept and accessible, offering people opportunities to spend time outside safely. The provider ensures effective systems are in place to maintain and monitor the environment. Records show that routine checks are carried out, and staff understand how to report repairs or environmental concerns.

The premises comply with current legislation and national guidance relating to health and safety, fire safety, and environmental health. The service has achieved a Food Standards Agency rating of *five*, demonstrating a strong commitment to maintaining high standards of food hygiene. This reflects positively on both the catering team and the provider's oversight arrangements. People largely commented on recent improvements in food quality, and our observations of mealtime food choices were very positive.

The service employs a dedicated maintenance technician who oversees essential health and safety tasks. This includes monitoring equipment, responding promptly to repair needs, and ensuring premises-related risks are effectively managed. Their presence helps maintain a safe, functional environment and supports the provider's commitment to keeping the home in good condition.



## Leadership & Management

## Requires Significant Improvement

People are not consistently supported to achieve their personal outcomes because organisational arrangements, governance, and oversight require significant improvement. Feedback from people and their loved ones was very mixed, with some individuals expressing limited confidence in leaders' ability to listen and foster a positive culture. However, a new leadership team has recently commenced, and we are hopeful this will lead to strengthened communication and improved trust. Leaders told us they are committed to driving positive change, and we will monitor progress at the next inspection.

Systems for identifying, capturing, and managing organisational risks are not consistently effective. The provider does not adequately analyse trends and patterns arising from incidents, accidents, complaints, or safeguarding matters. As a result, opportunities to prevent recurrence or improve practice are missed. We found several complaints that had not been recorded correctly, meaning people's critical feedback had not informed service improvement. Some people told us they do not feel listened to and that their complaints are not taken seriously or accepted in flexible and accessible ways. While the new leadership team assured us they will act on all inspection findings and strengthen these processes, current arrangements require significant improvement to ensure the service learns when things go wrong.

People are not consistently supported by staff with the necessary expertise and skills to meet their needs. Permanent staff are safely recruited, and appropriate employment checks are completed. However, agency workers are not consistently subject to appropriate induction, meaning they may lack familiarity with people's needs and service procedures. Staff training compliance is very low in key areas, placing people at risk because staff may not have the knowledge required to deliver safe and effective care. We are also concerned about staffing levels at busy times. Our observations showed staff were often time pressured, especially in the mornings, resulting in people waiting long periods for support and, at times, experiencing prolonged isolation. This negatively affects people's emotional wellbeing. We acknowledge, however, that staff supervision has improved since the new leadership team took over, and recent supervision sessions were appropriate and person-centred.

Due to the seriousness of the concerns identified, we have issued a priority action notice and expect immediate action. The new leadership team has informed us they have already implemented a robust improvement plan, and we look forward to reviewing progress with this at the next inspection.

We identified significant concerns about the transparency of the RI. Several safeguarding concerns and staff misconduct issues were not reported in line with regulatory requirements, limiting external scrutiny and placing people at continued risk. Although RI visit reports have improved, they did not

identify the significant governance failings we uncovered. We have issued a further priority action notice for the RI and expect immediate action to be taken. They have assured us they will prioritise transparency and improvement. We look forward to a more open and constructive relationship going forward.

## 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 failed to ensure the service is provided with sufficient care, competence and skill, having regards to the Statement of Purpose, to enable people to achieve their personal outcomes. Failings of the service provider have had a significant negative impact on some people's health, safety and wellbeing, and continue to place other people at ongoing risk if urgent improvements are not made.	30/12/25
The responsible individual has not supervised the management of the service effectively. These failings have had a significant negative impact on some people, and continues to place other people at ongoing risk if urgent improvements are not made.	30/12/25
The service provider has not ensured that the service is delivered in a manner that keeps people safe and protected from abuse, neglect, and improper treatment. The cumulative findings from this inspection demonstrate significant safeguarding failures. These issues have already had a detrimental impact on people's safety and wellbeing and present an ongoing risk if immediate action is not taken.	30/12/25

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