Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Eleanor Hodson House Nursing Home

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

01633 430994

The inspection visits for this service took place between 17/06/2026 and 25/06/2026

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):	Welsh and 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	Good
Care & Support	Good
Environment	Good
Leadership & Management	Good

Summary:

Eleanor Hodson House is situated on the outskirts of the village of Caerleon, Newport, providing residential and nursing care for up to 32 people.

Since our last inspection, the provider has made significant and meaningful improvements that have strengthened practice and enhanced outcomes for people, including improvements in the governance and oversight of the service providing assurance that people are protected from abuse, neglect and poor treatment. The environment was not a key focus of this inspection. No significant changes were identified since the previous inspection, and the current rating of Good remains appropriate. We have awarded a rating of Good across all four inspection themes, recognising the clear progress.

The well-being of people has improved, with a broader range of meaningful activities available, enhanced opportunities for engagement, and increased involvement of people and their families in care reviews and the development of the service. Care planning is person-centred, with clear guidance for staff to follow. Improved health and well-being monitoring, together with stronger

systems to identify and respond to risks, helps to ensure people receive safe, timely, and appropriate care. Leadership and management are more effective, with clear systems in place to support quality improvement and ensure accountability.

Findings:

Well-being — Good

Significant improvements since our last inspection, ensure people are supported to achieve positive well-being outcomes and receive care from staff who treat them with kindness, patience and respect. Throughout the inspection, people appeared relaxed, comfortable and at ease in their surroundings. Interactions observed between staff and people they were supporting was warm, friendly and person-centred.

One person spoke positively about life at the service, telling us they were happy, felt safe and enjoyed participating in activities. They spoke positively about staff, describing them as *“lovely”*, and said staff responded when support was needed. The mealtime experience we observed was positive. We saw staff supporting people in a discreet and encouraging way, incorporating conversation naturally whilst promoting independence wherever possible.

The provider has taken significant action to improve opportunities for engagement, stimulation and social interaction. Two activity coordinators have been recruited and work across seven days each week. While people's choices to spend time in their rooms continue to be respected, there is now a stronger focus on encouraging participation and reducing the risk of social isolation. Records demonstrated that people who predominantly remain in their rooms receive a minimum of two dedicated one-to-one time to talk about their interests, wishes and well-being each week.

People also have access to a varied programme of meaningful group activities, including arts and crafts, music, themed events, cultural celebrations and food-tasting experiences, which reflect people’s interests and promote well-being and social engagement. People are actively involved in choosing activities and providing feedback, with evidence that suggestions are listened to and incorporated into future planning. Systems have also been introduced to improve involvement of people and their families through regular resident meetings, family meetings and quarterly care reviews, ensuring their voice is heard.

Overall, we found significant improvements in the promotion of well-being. People are supported to participate in meaningful activities, maintain relationships, express preferences and enjoy positive daily experiences that contributed to their emotional, social and psychological well-being.

Care & Support — Good

Significant improvements since our last inspection ensure people receive care and support which is delivered with sufficient care, competence and skill.

Care planning and risk management arrangements have improved. Assessments are completed before people move into the service to help ensure their needs can be met and staffing levels are sufficient. Personal plans are detailed, regularly reviewed and provide staff with guidance on how to support people in accordance with their individual needs and preferences. Risk assessments identify potential risks and outline measures to promote people's safety and well-being. Records showed personal plans are reviewed monthly by nursing staff. This is alongside quarterly reviews with the individual and their representatives to ensure the person's voice is central to the care planning process.

Further work is required to ensure each person has a completed social profile and personal outcomes are documented. Personal plans do not identify individuals' goals, aspirations and desired outcomes or provide sufficient guidance for staff on how to support people to achieve them. We expect the provider to make further improvements in this area.

The provider has strengthened health monitoring arrangements. Improved clinical oversight, regular reviews, daily monitoring and structured handover processes now support the timely identification and management of health concerns. Records demonstrated appropriate action was taken when changes in people's health needs are identified.

Staffing arrangements during our inspection visit were sufficient to meet the needs of people. Dependency assessments have been strengthened and are reviewed regularly to ensure staffing levels reflect people's changing needs. We observed staff responding promptly to people and found no evidence of delays in care, unanswered call bells or unmet needs.

Throughout the inspection visit, staff consistently treated people with dignity, patience and respect. We observed many positive interactions between staff and people receiving care. For example, during moving and handling support, staff took time to explain each stage of the process, worked at the person's pace and provided reassurance and gentle encouragement throughout. The interactions we observed demonstrated a person-centred approach that promotes people's well-being, dignity and independence. The focus now is on ensuring these improvements are consistently embedded in practice and sustained over time to deliver positive outcomes for people.

The service has made significant improvements since the last inspection strengthening the quality of care. We were told the provider's focus is to ensure these improvements are embedded and sustained within everyday practice.

Environment

Good

We have not considered this theme, in full.

Eleanor Hodson House provides a homely, welcoming, and calm environment that supports people's comfort, safety and well-being. The atmosphere during our inspection was relaxed, and people appeared settled within surroundings that are thoughtfully presented and well cared for.

The accommodation meets people's needs and includes a good range of specialist equipment that helps promote dignity, comfort and independence. There are communal areas for people to choose to be in the company of others. People have their own rooms, which are laid out according to their needs and interests and contain people's own possessions. This gives a homely feel to their surroundings and a sense of identity and belonging.

The service has recently been inspected by the Food Standards Agency and has maintained a rating of 5 which demonstrates food hygiene standards are very good.

Leadership & Management — Good

Significant improvements since our last inspection leadership, management and governance arrangements have been strengthened, resulting in improved oversight of the service and better outcomes for people.

The provider implemented an improvement plan following our last inspection and introduced enhanced monitoring arrangements, including regular management reviews, audits and performance reporting systems. These arrangements provide clearer oversight of incidents, accidents, complaints, safeguarding matters and service performance. This provides greater assurance that incidents and concerns are recognised, responded to and monitored effectively.

Governance arrangements relating to Deprivation of Liberty Safeguards (DoLS) and restrictive practices have also improved. Systems are in place to monitor applications, authorisations and review dates, and records demonstrated decisions were supported by appropriate mental capacity and best-interest decision-making processes when required.

Staffing arrangements had been strengthened through the introduction of revised dependency assessment tools and regular reviews of people's needs. These processes support informed workforce planning and help ensure staffing levels reflect people's changing needs. During this inspection, we observed staff responding promptly to people and found no evidence of unmet needs, delays in care or unsafe practices.

People and their representatives have increased opportunities to contribute to the development of the service through resident and relative meetings, care reviews and individual discussions. Feedback mechanisms not only support engagement but also provide opportunities for people to influence how the service is delivered.

Workforce development has improved. Staff training compliance has increased; ongoing monitoring and follow-up will ensure all staff remain up to date with required training. Staff supervision arrangements are more robust, and processes to support agency staff have been strengthened. Staff told us the changes introduced have improved care delivery, they feel supported and valued by management and feel confident to raise concerns or suggestions.

Leaders have demonstrated a commitment to improvement and have taken effective action to address the shortfalls identified at the last inspection. We were told the focus now is on ensuring these improvements are consistently embedded in practice and sustained over time.

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.

Summary of Areas for Improvement	Date identified
Personal plans do not include individual goals and personal outcomes for people and how they can be supported to achieve these.	17/06/26

CIW has not issued any Priority action notices following this inspection.

Mae’r adroddiad hwn hefyd ar gael yn Gymraeg

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