



Central Surgery Nursing Home Limited



Eden Hall, Church Street, Tredegar, NP22 3DX



07799452817

The inspection visit took place on 26/11/2025

Service Information:

Operated by:	Central Surgery Nursing Home limited
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with nursing, Care home for adults - with personal care, Provision for learning disability, Provision for mental health
Registered places:	14
Main language(s):	Welsh and 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 Improvement



Environment

Requires Improvement



Leadership & Management

Requires Improvement

Summary:

Central Surgery is a nursing and residential care home located in Tredegar, within walking distance of the main shopping centre.

The service was issued three Priority Action Notices following the previous inspection in September 2025. This inspection was undertaken to evaluate actions taken in response to the Priority Action Notices previously issued

Well-being has improved but still requires improvement. People are being supported to achieve their outcomes and the provider is now treating them with dignity and respect. Care has improved because of more consistency in recording and monitoring of care delivery. Wellbeing is rated as "Needs improvement."

Care and support is now rated as “Needs improvement” because staffing of the service has improved, with considerably less reliance on agency staff. Care and support has improved because a consistent staff team better understand people using the service and the support needed for them to achieve their outcomes.

The provider has improved the environment to ensure people are protected from risks to their health and wellbeing. The provider has invested in the building, however further improvements are required to ensure compliance with national guidance. The environment is rated as “Needs improvement.”

More effective oversight has improved leadership and management since the previous inspection. Leadership and Management is rated as “Needs improvement” and we will check the sustainability of improvements of the providers oversight, in the next inspection.

Findings:



Well-being

Requires Improvement

People living at Central Surgery are now treated with more dignity and respect by care staff who value them and know them. Wellbeing outcomes for people have improved because the service is less reliant on agency staff to provide care and support. Greater consistency in staffing arrangements means care workers have better knowledge of the people living at the service. The atmosphere is more relaxed with improved communication between care workers and people during mealtimes and manual handling transfers. Staffing continuity needs to be maintained to ensure improvements become embedded in the service.

People have some control over their day to-day lives. People are offered choices and have opportunities to engage in activities that are offered to them. Some people access the local community to use the facilities and do a little shopping. People are supported to maintain and sustain existing relationships with family, friends and important people in their lives. Relatives and friends can visit people when they want.

People living at Central Surgery are supported to maintain their physical and mental health, and emotional well-being. People are supported to engage and participate in various activities that foster happiness and health. Activities planned by the service and interactions with care workers help contribute to people's wellbeing. This service is not making a significant effort to promote the use of Welsh language and culture.

People are safeguarded from abuse and neglect. People feel safe and upgrades to the environment have been made. However, further improvements are required to ensure risks to people's safety are effectively managed. People live in accommodation which mostly meets their needs. Most people using the service would be unable to access the unattractive outdoor area independently.



Care & Support

Requires Improvement

The manager assesses whether the service can meet people's needs and personal outcomes, before they move into the service. The manager gathers useful information from professionals and others already involved in people's care and support. Where possible, they talk to people themselves about their needs and preferences. The information gathered informs the decision about whether a service can be provided.

Plans for care and support are co-produced between people using the service, their representatives, relevant professionals, and the service provider. People's personal plans outline how care workers should support people to achieve their well-being outcomes. People's plans include some of their preferences, routines, and beliefs. Care and support provided is more consistent, timely and in accordance with people's outcomes because of improved staffing provision. Personal plans do not always provide instruction to care staff, which best meets people's identified outcomes. This is an area for improvement, and we expect the provider to take action.

People, relevant representatives and professionals contribute to the regular review of personal plans, and we saw evidence plans are updated as changes in needs or preferences occur. Care workers regularly review support approaches in collaboration with people and relevant professionals. However, plans are not always kept up to date with the most recent information. This is an area for improvement, and we expect the provider to take action.

People are referred for appropriate care and treatment at the right time and recommendations for care and treatment by other professionals are carried out as directed. People are kept safe by a robust approach to safeguarding. People feel secure, knowing staff understand and act in accordance with their safeguarding responsibilities.

People receive their medication as prescribed and in accordance with the service provider's medication policy. Medication records are fully completed and the overall administration of medication is effective.



Environment

Requires Improvement

People personalise their rooms with their own furniture, belongings and pictures. People's rooms reflect their interests and what is important to them. There is a lounge and separate dining area, giving people space to interact with each other, their visitors and staff.

People live in a warm and comfortable environment which is clean and tidy. The communal bathrooms and toilet facilities are clean and well maintained. We observed improvements have been made to the environment. Most of the issues identified at the previous inspection have been addressed and rectified. However, further improvements are required to ensure compliance with national guidance. A visit from South Wales Fire and Rescue Service, in November 2025, evaluated fire safety provision. Works to improve fire safety have been identified. We found access to unsafe areas and equipment presented a risk to people using the service, visitors and staff. This is an area for improvement and we expect the provider to take action. Systems for regularly assessing the environment have been implemented, this will need to be regularly reviewed to ensure risks to people's wellbeing are consistently identified.

Personal Emergency Evacuation Plans (PEEPs) are in place, describing how people will be evacuated in the event of an emergency or a fire.

The service promotes hygienic practices and manages the risk of infection. Effective daily cleaning schedules are in place as the home is clean. A choice of meals is freshly prepared at the service. The service has a food hygiene standards rating of four, which indicates standards of food hygiene are good.

Fire safety checks are undertaken and completed regularly. Routine servicing of equipment is taking place to ensure equipment such as hoists are safe for use.



Leadership & Management

Requires Improvement

The culture at Central Surgery has improved since the last inspection. The responsible individual (RI) has improved systems to oversee the operations of the service and completes the required quality assurance reviews. There are regular visits to the service by the RI, who encourages feedback from people and staff. Feedback from people and staff is used to support evaluating care quality. This information is used to identify improvements in the service. Inconsistency in auditing of key areas of service delivery require improvement because, people cannot be sure risks to their health and safety will be addressed effectively. Equally, people cannot be sure their care and support will be provided in a way which supports them to achieve their outcomes. This is an area for improvement and we expect the provider to take action.

There are sufficient suitably qualified and trained care workers to support people using the service. Increased availability of contracted care workers has improved the atmosphere in the service and the quality of care and support provided. People using the service appear to be more comfortable and relaxed with staff that are familiar to them.

Care workers are supported by the service provider, through effective induction and continuous training provision relevant to the needs of people they support. The manager of the service monitors staff qualifications and training. Training compliance is good, nearly all staff have completed all of training required for their role. Care workers receive regular supervision. Documentation shows agency staff have received an induction. Confirmation from the agency that staff have been appropriately vetted is not in place. This is an area for improvement and we expect the provider to take action.

The service provider has appropriate selection and vetting processes for hiring staff, to ensure all staff are qualified and trustworthy. Care workers undergo routine and regular checks to ensure they remain suitably fit to work in the service and are appropriately registered with professional bodies.

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
People can not be confident that hazards in the environment which present risks to their health and safety, are reduced as far as reasonable practicable.	26/11/25
People can not be confident their care and support is provided in accordance with their personal plans.	26/11/25
People can not be confident their personal plans are updated in a timely manner and reflect their outcomes	26/11/25
People should be accommodated in a service that is be safe, well run and complies with regulations.	26/11/25
People should be safeguarded by the service provider having rigorous selection and vetting systems for staff.	26/11/25

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

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

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