Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Medhurst Care Home

Medhurst Residential Home, 1 Cromwell Road Risca, Newport, NP11 7AF

01495368520

www.accurocare.co.uk

The inspection visit took place on 06/05/2026

Service Information:

Operated by:	Accurocare Risca Limited
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	27
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	Good
Care & Support	Good
Environment	Good
Leadership & Management	Good

Summary:

Medhurst Care Home aims to support people to maximise their independence, inclusion, and personal development. We found people experience good well-being outcomes and are supported by staff who are kind, respectful, and attentive. People appear comfortable within the service and benefit from positive relationships with staff. A range of meaningful activities is available, supporting people's social engagement and enjoyment.

Care and support is good. While people are treated with dignity and receive responsive care, there are gaps in key systems. People are not routinely involved in care planning and review processes, which limits assurance that their views and preferences consistently shape their care.

The environment is good. The home is clean, safe, and well maintained, with comfortable and personalised spaces. Effective infection control and health and safety systems support people's well-being.

Leadership and management are good. Staff feel well supported, and there is a positive culture within the service. Governance systems are in place; however, improvements are needed to ensure policies and procedures are regularly reviewed and reflect current guidance and practice. The service provider gave assurances that action would be taken to mitigate risks to people, and we will review progress and improved service delivery at the next inspection.

Findings:

Well-being — Good

People experience positive well-being outcomes and are supported by staff who are kind, respectful and attentive to their needs. We observed warm, caring interactions between staff and people throughout the inspection, including appropriate responses to people who were anxious or distressed. Staff demonstrate sensitivity to people's emotional needs and support them to feel settled and valued within the service, which contributes positively to their confidence and overall sense of well-being. People appear relaxed and comfortable in shared areas, and are supported in a timely manner.

People told us they feel safe living at the service and described staff as "*Approachable and supportive*". Staff demonstrated good knowledge of people's routines, preferences and health needs. People are supported to maintain their physical and emotional well-being, with staff encouraging mobility, healthy eating and engagement in daily life. One person spoke positively about being supported to eat well and gain weight since moving to the service.

There is a strong focus on meaningful activity. People have access to a range of group and individual activities, including gardening, crafts, music, games and outings. Activity coordinators are present for 6 days a week and support people to take part in activities that reflect their personal interests and abilities. People told us they enjoy going out into the community, including for shopping and meals out.

People are generally treated with dignity and respect. Staff promote independence where possible and encourage people to make everyday choices about their routines and activities. While people feel supported day to day, there was limited evidence that people are actively involved in formal care planning and review processes. Some people were unable to describe being involved in reviews, which limits assurance that their views consistently shape decisions about their care.

People told us staff listen to them and respond when they ask for help. People are supported to build positive relationships with staff and others living at the service. We observed friendly, respectful interactions that promoted a sense of belonging and reassurance. Staff communicated calmly and clearly, taking time to explain what they were doing and offering reassurance when people appeared unsure or anxious. People were encouraged to spend time in shared areas if they wished, while their choice to spend time alone was also respected.

Care & Support — Good

People receive care that is generally kind, respectful, and responsive to their needs. Care plans are detailed, regularly reviewed, and contain good information about people's histories, risks, and support needs. Staff demonstrate good knowledge of individuals, and care is delivered in line with their personal plans. There is evidence of appropriate multi-disciplinary working, including timely involvement of district nurses and emergency services when people's health needs change.

Medication systems are mostly well organised. Medicines are stored securely, records are clear, and audits are completed. We observed medication being administered in a person-centred way, with staff explaining medicines and supporting people appropriately. People told us they are confident staff manage their medication safely. We identified a gap in medication safety arrangements. Transdermal medication patches were in use, however body maps were not consistently used to record application sites or site rotation. Management has since introduced these records and assured us this has been addressed.

While personal plans are reviewed regularly, records across multiple files did not demonstrate that people or those important to them are actively involved in care planning or reviews. Senior management acknowledged that residents are not routinely supported to contribute. This limits assurance that plans fully reflect people's wishes, preferences, and lived experience. While staff interactions are positive and care is largely delivered safely, these gaps undermine person-centred practice. This is an area for improvement which we expect to be addressed by the next inspection.

During the inspection, we saw staff responding appropriately when people's needs changed, seeking advice from health professionals and recording actions taken. Records showed timely referrals and follow-up, supporting continuity of care. People are referred for appropriate care and treatment at the right time, and recommendations made by other professionals are carried out as directed. Staff spoke confidently about their working relationships with health professionals, demonstrating a good understanding of people's risks and support needs.

People are safeguarded from abuse and neglect, with staff demonstrating a clear awareness of safeguarding responsibilities and taking appropriate action to report concerns and protect individuals. Systems are in place to recognise, respond to, and escalate risks promptly, supporting a culture where people feel safe and protected.

Environment — Good

People live in an environment that is clean, safe and generally well maintained. The home is welcoming and homely, with appropriate furnishings and décor that support people's comfort and well-being. Bedrooms are personalised, reflecting people's tastes and preferences. Communal areas are comfortable and suitable for socialising, activities and quiet time. People were able to move freely around the service, and shared spaces were calm and well used during the inspection. Security arrangements are in place to protect people without compromising their rights, privacy or dignity. These arrangements include appropriate measures to safeguard personal property and to manage access to and from the premises. Systems are proportionate and support people's safety while maintaining a homely environment.

We observed good standards of cleanliness throughout the service. Infection prevention and control measures are in place, supported by clear cleaning schedules and appropriate waste disposal arrangements. Staff demonstrated awareness of good hygiene practices, and hand hygiene facilities were readily available throughout the home. The kitchen was clean and well organised, with food preparation areas managed appropriately. The service holds a food hygiene rating of four, which provides assurance that food safety standards are generally met.

Health and safety systems are largely effective. Fire safety equipment, alarms and emergency lighting are in place and maintained. Records showed regular testing and servicing of fire safety systems, and staff were able to describe evacuation procedures confidently. Certificates for gas safety, electrical safety and equipment servicing were available and up to date. Hoists and lifts are serviced regularly, and staff understand how to report maintenance issues promptly so that risks are addressed in a timely way.

Signage throughout the service supports people's orientation and independence, including clear signage for communal areas and facilities. Restricted areas are appropriately secured to ensure people's safety. Corridors and shared spaces are free from clutter, supporting safe movement and reducing the risk of falls. Effective fire evacuation arrangements are in place. This includes signage on people's doors to indicate evacuation equipment required. Grab bags are available for use, and regular fire evacuation practices are carried out.

Outdoor space is limited but accessible. Where possible, staff support people to access outdoor areas and community spaces, including gardens and local amenities, to promote well-being and social inclusion. Staff consider people's mobility and support needs when arranging access, encouraging people to spend time outdoors if they wish.

Leadership & Management — Good

The service benefits from visible and supportive leadership. The manager is well known to staff and people using the service and maintains a regular presence within the home. Staff spoke positively about feeling supported on a day-to-day basis and described leadership as approachable and responsive. This was seen to help promote an open culture where staff feel able to raise concerns, seek advice and discuss practice openly.

Recruitment processes are robust, with appropriate pre-employment checks completed to ensure staff are suitable to work with people living at the service. These checks include identity verification, references and safeguarding checks. The service provider also ensures any agency staff used meet the same recruitment and vetting standards as permanent staff. These arrangements help safeguard people and support consistent standards of care.

Staff receive regular supervision and support. Care staff have one-to-one supervision sessions with their line manager at least quarterly, alongside an annual appraisal. These sessions provide opportunities to reflect on practice, discuss well-being and identify training and development needs. Staff told us they feel listened to and supported by senior leadership. One member of staff told us, *“My manager has really helped me, [they have] given me so much support and really believed in me”*. This reflects a leadership approach that values staff development and confidence.

Governance systems are in place to oversee the quality of care. These include audits, incident monitoring and quality checks. Information gathered through internal audits and external reviews is used to inform quality review reports, improvement planning and problem-solving. Leaders demonstrated an ability to respond to issues in a timely way and to act when concerns are identified. Notifications are submitted appropriately, and there is evidence of learning from incidents to reduce the risk of recurrence.

Governance arrangements require strengthening in relation to policies and procedures. Several key policies, including medication, safeguarding, falls and moving and handling, had not been reviewed since 2023, and some lacked clear review dates. This weakens assurance that staff practice is consistently guided by current legislation, guidance and learning. This is an area for improvement which we expect to be addressed by the next inspection.

The service provider supports development at all levels and promotes a positive staff culture. Staff understand their roles and responsibilities and demonstrate good knowledge of safeguarding escalation processes. These arrangements support safe practice and contribute to the effective day-to-day running of 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.

Summary of Areas for Improvement	Date identified
The service must strengthen arrangements to ensure people and/or those important to them are actively involved in care planning and review processes, with this clearly evidenced in records.	06/05/26
The provider must ensure all policies are reviewed regularly, kept up to date, and aligned with current legislation and service practice, with clear review dates and governance oversight.	06/05/26

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