Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Maes-y-felin Care Home Ltd

Maesyfelin Care Home, Drefach, Llanybydder, SA40 9YB

01570480766

https://maesyfelincarehome.com/

The inspection visit took place on 24/07/2026

Service Information:

Operated by:	MAESYFELIN CARE HOME LTD
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	19
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:

Maesyfelin is a homely care service in a rural location on the outskirts of Llanybydder. It is a close knit community and most people living at the service are from the local area. Welsh language provision is embedded within the service with many of the staff and people preferring to converse in Welsh.

People benefit from positive wellbeing outcomes as they are treated with respect and dignity from staff that know them well. They have choice and control over their day to day lives and are supported to spend their day as they wish.

Care and support is good, care staff are guided by person centred plans which are accessible to staff and kept up to date. People's health is promoted and the staff work closely with external health and social care professionals to ensure people have the right support when they need it. The environment supports people living at Maesyfelin by providing a safe, comfortable and

attractive place for people to live which supports the achievement of positive well-being outcomes. Improvements to the environment are ongoing and the building and contents are well maintained.

Leadership and management is good and the Responsible Individual (RI) has good oversight of the service. There is a positive management culture, staff feel supported and people and their families feel listened to. The service is well led and demonstrates a commitment to continuous improvement.

Findings:

Well-being — Good

People living at Maesyfelin Care Home are supported to achieve positive well-being outcomes in an environment where they are treated with dignity, respect and kindness. We observed warm and caring interactions between staff and people living at the home. People told us staff are kind, responsive and respectful, and we saw requests for support being responded to promptly. One person said, *"She's very helpful, I can ask her to do anything, she's helpful".* Welsh language provision is embedded within the service and people are able to communicate in their preferred language. The service provides an 'Active Offer' of the Welsh language. This means It anticipates, identifies and meets the Welsh language and cultural needs of people who live at the service.

People are supported to maintain their health and well-being. Care records evidence involvement from healthcare professionals, including district nurses and GP services. People are supported with their dietary needs and are offered choices regarding meals and daily routines. The chef is aware of people's likes and dislikes and offers an alternative if they don't like what is on the daily menu.

People told us they feel safe and know who to speak to if they have concerns. Risk assessments are in place to help identify and manage risks to people's health and safety. Staff are aware of their safeguarding responsibilities and appropriate procedures are available to guide practice.

Opportunities are provided for people to maintain relationships with family and friends, with unrestricted visiting arrangements supporting meaningful connections. Relatives spoke positively about the quality of care provided and described the service as welcoming, with an open-door approach to visiting. People have developed friendships at the service and we saw people sitting, socialising and chatting together in small groups. Many people at the service are from the local community and know several of the relatives that visit. It is a close-knit community and the service is very much part of it. One relative said, "*What's good is that most residents are local, I see a few people whilst I'm here, I do the rounds, it's the same for most visitors".*

The environment is comfortable, personalised and homely. People describe the service as their home and appear relaxed in their surroundings. One person said *"Mae fel gartref"*. Bedrooms reflect individual preferences and communal areas provide opportunities for social interaction or privacy as desired.

Personal plans are person centred and detailed however, whilst personal histories and individual preferences are available within records, these could be strengthened further to ensure consistency in care and support delivery. The manager is addressing this and is updating personal plans to ensure key information is readily accessible to care staff to support consistently personalised care.

Care & Support — Good

People receive care and support from staff who know them well and understand their needs. Pre-admission assessments are completed and care records demonstrate that health needs, risks and support requirements are identified. People have access to relevant healthcare professionals and specialist services when required, supporting continuity of care.

Care and support is very person centred and the provider encourages people and their relatives to contribute to their personal plans to ensure their preferences, routines and beliefs are captured. Records do not consistently demonstrate this and is currently being addressed by the manager to ensure this information is available to care staff. The RI also routinely seeks the views of people by holding resident meetings every two months and engagement meetings for relatives every three months. We saw records that demonstrate that the views and wishes of people are taken into account and acted upon.

Medication arrangements are well managed. Medication is stored securely, administration records are appropriately maintained and audits are undertaken regularly. Staff responsible for administering medication have received training and competency assessments. Controlled drugs, self-medication arrangements and PRN (as required) medication are managed appropriately.

People are protected from abuse and neglect through established safeguarding arrangements. Policies are in place and staff have a good understanding of safeguarding procedures and whistleblowing responsibilities. No safeguarding concerns have been reported since the previous inspection.

Good infection prevention and control practices were observed. Personal protective equipment is readily available throughout the home and staff used this appropriately. Training records confirmed staff have completed infection prevention and control training.

Personal plans are reviewed and updated regularly and when needs change. Although people and relatives describe being involved in care decisions, records do not consistently evidence their involvement in reviewing personal plans. Personal outcomes are not always clearly recorded and some personal plans lack sufficient detail following the transition to a new electronic recording system. Information from previous records is being transferred. The manager acknowledges these areas and is committed to improving the recording of reviews and demonstrating how people and their representatives contribute to care planning.

Environment — Good

People live in an environment that supports their well-being and promotes comfort, safety and independence. Communal areas are welcoming and comfortably furnished, and people have access to a variety of spaces where they can socialise or spend time alone if they prefer.

Bedrooms are personalised to reflect individual tastes and preferences. Some people have chosen to bring their own furniture and personal belongings, helping to create a familiar environment. People and relatives consistently describe the home as comfortable and homely. One person said, *“This is my home, I feel quite comfortable here”.*

The provider has continued to invest in the environment since taking ownership of the service. Improvements include decoration, replacement flooring and new bilingual signage throughout the home. The outdoor courtyard has also been enhanced and provides a pleasant, accessible area for people to enjoy.

Appropriate systems are in place to maintain health and safety. We reviewed servicing and maintenance records which confirm regular checks of essential equipment and safety systems, including fire safety equipment, emergency lighting, electrical installations and moving and handling equipment. Personal emergency evacuation plans are available and up to date. Hazardous substances are stored securely and no environmental hazards were identified during the inspection.

Suitable infection prevention and control measures support cleanliness throughout the home and adequate supplies of equipment and consumables are available. Specialist equipment is available where required and is well maintained.

Overall, the environment provides a safe, comfortable and attractive place for people to live and supports the achievement of positive well-being outcomes.

Leadership & Management — Good

The service benefits from effective leadership and management arrangements which support positive outcomes for people living at the home. Since the change of ownership in July 2025, the provider and RI have maintained a visible presence within the service and have taken steps to improve the environment, staff support and engagement with people and relatives.

There is evidence of regular oversight through audits, management monitoring and RI monitoring visits. Records demonstrate that feedback from people, relatives and staff is sought and acted upon routinely. Relatives and staff told us the provider and manager are approachable and listen to their views. Regular meetings are held for people and their relatives, to have their views heard and raise any issues they may have. The RI is committed to drive continuous service improvement and plans to introduce other methods that people can provide feedback on their experiences such as a suggestion box and questionnaires and/or surveys.

The manager is experienced and knowledgeable about the service and described positive working relationships with the RI. Staff told us they feel supported and valued. Training compliance has improved, with staff completing a range of mandatory and specialist training. Supervision, appraisal and team meeting arrangements are well established and staff are supported to maintain Social Care Wales registration requirements.

Recruitment processes are generally robust and personnel files sampled contained the documentation required to support safe recruitment practices. Staffing levels appeared sufficient to meet people's assessed needs and there is evidence of flexibility to increase staffing when required.

Some governance systems require strengthening. Whilst there was clear evidence of day-to-day consultation with people and families, this was not consistently reflected within care planning records. The provider has assured us that this will be prioritised and reviews of personal plans will be completed and recorded in line with regulatory requirements and clearly evidence people's involvement in decisions about their care and support. Overall, the service is well led and demonstrates a commitment to continuous improvement.

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.

CIW has no areas for improvement identified following this inspection.

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

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