Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

St Albans Nursing Home

St. Albans Care Home, Swinton Street, Cardiff, CF24 2NT

02920472161

www.ivolve.care

The inspection visit took place on 28/07/2026

Service Information:

Operated by:	ivolve CMC Ltd
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:	40
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	Good
Care & Support	Requires Improvement
Environment	Good
Leadership & Management	Requires Significant Improvement

Summary:

Situated in small community in the centre of Cardiff, St Albans provides specialist, person-centred nursing support for people over the age of eighteen, living with Dementia, Complex Mental Health Needs, Huntington's Disease, Acquired Brain Injury, Neurological Conditions, and Learning Disabilities.

Wellbeing is rated good because most people experience positive wellbeing outcomes and benefit from a caring, person-centred approach which promotes meaningful lives, independence, relationships and participation. Whilst improvements are needed to strengthen involvement in care planning and ensure greater consistency in some aspects of care delivery, people are generally supported to achieve outcomes that matter to them and enjoy a good quality of life.

Care and support require improvement because people are not always meaningfully involved in care planning and review processes. Personal plans and associated records are not always

accurate, up to date and do not clearly demonstrate how care is delivered in accordance with individuals' wishes, aspirations, risks and specialist needs.

Environment is rated good as people benefit from a welcoming and well-resourced environment that supports wellbeing, activity and independence. The provider has demonstrated ongoing investment and improvement in the physical environment.

Leadership and management require significant improvement because people do not consistently benefit from effective operational leadership, governance, and workforce arrangements to promote safe, high-quality care and support. People are not routinely involved in the development of their initial personal plans or in subsequent reviews, limiting opportunities to ensure care reflects their needs, preferences, and changing circumstances. As a result, there is an increased risk that care and support may not be appropriate, effective, or responsive to individual needs.

Findings:

Well-being — Good

People are treated with dignity and respect. People tell us they are supported to live lives which are meaningful to them. Staff take time to understand who they are, what matters to them and what they want to achieve. We saw care staff demonstrating an outstanding commitment to helping people achieve their personal aspirations and maintain lifelong interests. One person has fulfilled a lifelong ambition through a personalised visit to Liverpool's Anfield Stadium. Another was enabled to reconnect with his passion for golf through visits to a local golf club, the purchase of new equipment and attendance at the Ryder Cup. These exceptional examples show how staff go beyond routine care to create meaningful opportunities, promote positive risk-taking and support people to lead fulfilling lives rich in purpose, achievement and personal satisfaction.

Families describe positive examples of staff supporting important life events and personal outcomes. One relative said, *“staff supported my mother after the death of her husband, helping her attend his funeral and purchasing a new dress for the occasion".* Another described a personalised wedding anniversary celebration, adding, *“I felt very touched by this gesture as it made the occasion special for us both."*

The provider demonstrates a strong commitment to supporting people's spiritual, cultural and personal wishes. Strong partnerships with families, faith groups and community organisations ensure people's health, religious beliefs and end-of-life preferences are respected, promoted and fulfilled in ways which are highly meaningful to them.

We found people have a genuine voice in shaping life within the home. Care staff actively listen and respond to people's ideas, resulting in meaningful opportunities such as themed community events and a planned group holiday to Bluestone.

Relationships are well supported, with families playing an active and valued role in the life of the home. One relative told us, *“Staff try to include me in activities and events,"*.

People are encouraged to maintain their independence wherever possible. One person told us, *"I am very independent"*, explaining she prepares her own breakfast and manages her personal care independently.

People tell us they feel safe, supported and able to exercise choice and control over their lives. Accessible information, advocacy support and clear guidance on how to raise concerns are available in formats to meet individual communication needs.

People who wish to communicate in Welsh are supported to do so. Welsh-speaking staff are available, care plans can be provided in Welsh, bilingual signage is displayed throughout the home and Welsh language initiatives are actively promoted.

Care & Support — Requires Improvement

People benefit from a provider who is committed to supporting individual preferences, interests and aspirations. We saw positive examples of personalised support with people being helped to achieve outcomes that are important to them. We observed positive interactions between staff and people living at the home, with regular staff who know people well.

Personal plans reflect a range of specialist interventions to meet people's health and well-being needs, including support with mobility, communication, nutrition, dementia and behavioural support. However, the provider has not demonstrated whether all staff are aware of and consistently follow the required care instructions in personal plans, particularly in relation to positive behavioural support plans.

While we saw evidence that people's needs have been assessed and appropriate care and support has been planned, improvements are needed to strengthen care monitoring and record keeping. We identified gaps in records relating to pressure care, behavioural support, PEG care, continence management and skin integrity monitoring. Records do not consistently demonstrate that planned interventions have been delivered or reviewed in line with people's assessed needs. Documentation relating to pressure care does not always evidence that repositioning has taken place as required. Behaviour support records do not clearly show whether agreed strategies have been followed. Guidance within records is not always consistent, making it difficult to demonstrate that care is being delivered in line with agreed plans. Outcomes for people require improvement because records relating to individuals are not accurate or up to date and we expect the provider to make improvements.

People receive access to appropriate health care. We found evidence of strong multidisciplinary working through access to in-house specialists, including Occupational Therapists, Speech and Language Therapists, Psychologists and Positive Behaviour Support practitioners. The provider has effective partnerships with external healthcare professionals. Families provide positive examples of communication and collaborative working between staff and professionals, particularly in relation to managing complex health conditions, swallowing difficulties and dietary requirements. We found that specialist advice is generally sought in a timely manner.

Medication systems are in place and people generally receive the support they need with their medicines. However, we identified some inconsistencies in medication recording and monitoring, particularly in relation to behavioural support medication. These issues reduce assurances that medicines are always managed, monitored and documented consistently.

The service demonstrates good infection prevention and control arrangements. The home holds a Food Hygiene Rating of 5 and we observed staff following appropriate infection control procedures throughout the inspection. Care staff wear suitable personal protective equipment (PPE), practise

good hand hygiene and have access to appropriate infection prevention guidance and training.

Environment

Good

People benefit from a comfortable, welcoming and well-maintained environment. There are a range of communal spaces where people can relax, socialise and take part in meaningful activities. We saw a newly developed conservatory for relaxation and social engagement. Dedicated dining and lounge areas, supporting restaurant-style dining, family visits and group activities.

Individual bedrooms are personalised to reflect people's interests, preferences and identities. Residents are supported to choose décor and furnishings, including through the use of iPads. Rooms reflect individual choice and create a homely environment. We saw personalised bedrooms featuring favourite football teams, family photographs and personal interests. One recently refurbished room is designed around the person's preferred football club colours. Picture boards outside bedrooms provide staff and visitors with information about people's interests and preferences, supporting conversation.

People have access to attractive outdoor spaces promoting relaxation, social interaction and meaningful activity. Gardens contain raised flower and vegetable beds, sensory plants, a water feature and several seating areas for people and visitors. We saw a greenhouse and vegetable plots growing carrots, tomatoes and pumpkins. People are actively involved in gardening projects, with herbs grown and used in meal preparation. Privacy screening helps create a comfortable and secluded environment.

The home's facilities further support people's wellbeing and quality of life. An in-house beauty room has been developed following consultation with residents. It provides access to hairdressing and personal grooming facilities within an environment designed to resemble a professional salon. The provider continues to invest in improvements

Information throughout the home is presented in an accessible and organised way. Noticeboards display a range of information including activities, wellbeing information, and upcoming events. A digital memory display in the main corridor showcases photographs of people enjoying holidays, community outings, celebrations and activities. This helps promote reminiscence, conversation and a welcoming atmosphere.

The provider continues to improve accessibility, privacy and safety. Automatic sliding entrance doors have been installed to enhance accessibility and independence. We found specialist bathing facilities on each floor, including adapted bathrooms with integrated hoists and accessible wet room ensuites. A range of specialist equipment is available to support people's mobility needs. The home's wide corridors and doorways enable safe movement throughout the building.

The provider demonstrates a strong commitment to safety. Fire safety information, evacuation plans and emergency arrangements are clearly displayed, and care staff show good awareness of emergency procedures.

Safety measures include secure entry systems, controlled access throughout the home, designated fire marshals and accessible emergency equipment. We saw evidence equipment is regularly serviced and maintained. Electrical items are PAT-tested and furniture is securely fitted.

Leadership & Management

Requires Significant Improvement

People are supported by a committed staff team who are motivated to provide caring and compassionate support. We observed positive leadership practices, including regular daily handover meetings which promote effective communication, information sharing and discussion of concerns across the service.

The provider has a range of governance and quality assurance systems in place, including regular responsible individual (RI) visits, governance meetings, audits and observations of care. RI oversight demonstrates a good understanding of the service, with reports identifying both strengths and areas for improvement, supported by action planning to drive progress. Environmental audits and the annual quality review show a reflective approach to monitoring and improving service quality. The provider seeks feedback from relatives and staff. Families report improvements in communication and involvement. Positive feedback highlights caring and supportive care staff who are committed to people's wellbeing

However, governance systems are not consistently effective in identifying, addressing and sustaining improvements. Although audit and monitoring processes are in place, they have not identified concerns found during the inspection, including gaps in the oversight of care records, risk assessments and outcomes for people.

Staff feedback highlights concerns about organisational culture; with some reporting they lack confidence in raising concerns with management. Staffing remains a significant challenge for the service. Although care staff report staffing levels have improved recently and recruitment activity is ongoing, concerns about vacancies, staff retention, reliance on agency workers and staff ‘burnout’ remain. Stakeholders tell us high use of agency staff affects consistency of care. Care staff said workload pressures limit their ability to spend meaningful time with people or complete documentation to the standard expected.

There is an extensive training programme and examples of specialist training are available. However, significant gaps remain in specialist training provision and skill mix. The service predominantly supports people with mental health needs, yet no Registered Mental Health Nurses (RMNs) are employed, and not all staff have received dedicated mental health training. Concerns were also identified regarding agency staff induction, competency assurance and some medication management practices. These matters mean people are not always receiving support from staff with the necessary specialist knowledge and expertise.

Supervision arrangements are established and conducted regularly; however, records reviewed do not consistently demonstrate reflective practice, management oversight or clear action planning.

People are exposed to an increased risk of poor outcomes because the provider has not

established sufficiently effective governance, oversight and quality assurance arrangements to consistently monitor, evaluate and improve the quality and safety of care. People are not involved in support planning or subsequent reviews, further weakening quality assurance processes. Immediate action is required to address these significant shortcomings.

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
Outcomes for people require improvement because records relating to individuals are not accurate or up to date and we expect the provider to make improvements.	28/07/26

Summary of areas for Priority Action	Date identified
The provider has failed to ensure there are effective arrangements for monitoring, reviewing and improving the quality for the care and support provided to people. People are not involved in the planning, review and evaluation of their care and support. As a result, there is an increased risk to peoples' health and well-being.	28/07/26
The service provider has failed to demonstrate all people receive the right care, at the right time from appropriately recruited, trained, skilled, competent and supervised staff.	28/07/26

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