Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Stanley Villa

1 Stanley Street, Wrexham, LL13 8NU

01978312120

www.openmindsrehab.com

The inspection visits for this service took place between 03/06/2026 and 24/06/2026

Service Information:

Operated by:	A C Counselling Ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	9
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	Requires Significant Improvement
Environment	Good
Leadership & Management	Requires Significant Improvement

Summary:

People living at Stanley Villa experience positive outcomes and benefit from a recovery-focused service where they are treated with dignity, respect, and compassion. People spoke positively about the support they receive and the impact the service has had on their wellbeing, independence, and recovery. We observed staff and managers to have warm and professional relationships with people, and there were opportunities for individuals to contribute to decisions about the service. The environment is clean, comfortable, and generally supports people's recovery needs.

However, outcomes for people require significant improvement in several areas. We identified significant concerns regarding medication management, care planning, and workforce management. Personal plans were not always complete or sufficiently detailed to guide staff in meeting people's assessed needs and managing identified risks. Medication management systems were ineffective, with concerns relating to administration, stock control, staff competence, and

auditing arrangements. In addition, there were deficits in recruitment processes, staff registration, and mandatory training, reducing assurance that staff have the necessary skills and competence to provide safe care and support. As a result, we have issued Priority Action Notices.

While management and oversight arrangements are in place, they are not effective in identifying and addressing these shortfalls. The provider must also strengthen governance systems, quality assurance processes, and aspects of environmental risk management to ensure people consistently receive safe, high-quality care and support.

Findings:

Well-being — Good

Those living at Stanley Villa are supported to achieve positive outcomes and are treated with dignity and respect. We observed warm, respectful, and professional interactions between staff, managers and people living at the service. People told us they feel valued and supported throughout their recovery journey and spoke positively about the impact the service has had on their lives. One person described how the service had given them “a life that I thought I could never have” and enabled them to feel hopeful about the future. These experiences demonstrate people are benefiting from support which promotes their wellbeing and helps them achieve important personal outcomes.

People have opportunities to contribute to decisions that affect the service they receive. Regular community meetings enable people to express their views, raise concerns, and suggest improvements to the operation of the service. The provider adapts their approach to reflect the changing needs of people living there and managers seek feedback on a regular basis. This helps ensure people have a voice and are encouraged to participate in the development of the service.

The home provides a strong recovery-focused culture. Along with the counselling programme provided, the provider supports people to build skills and routines that promote independence and sustained recovery once they leave. Staff support people to meal plan and shop, and meals are cooked by those who live at the service on a rota basis. Former residents regularly return to access aftercare support and share their experiences with people currently using the service. This helps create a positive recovery environment.

People's rights and individual needs are generally recognised and respected. The provider adapts information and recovery materials and uses assistive technology to support people whose first language is not English or Welsh. The provider recognises family relationships as an important aspect of wellbeing and managers sought to balance contact arrangements against identified recovery risks. There are clear boundaries in place for people using the service to achieve maximum potential for recovery as a collective, and people spoke positively about this. Overall, people experience positive outcomes, feel respected and are supported within a therapeutic environment that promotes recovery, independence, and wellbeing.

Care & Support

Requires Significant Improvement

People receive support within a therapeutic environment and there are positive aspects to care delivery. Assessments are completed with clinical oversight from a nurse prescriber, who considers whether the service can safely meet an individual's needs prior to admission. Records demonstrate that the provider gathers information regarding previous health history, physical health needs, social circumstances, and mental wellbeing. Daily records are detailed, person-centred, and reflective, providing evidence of people's progress and engagement with treatment. Some risk assessments are in place and recognised assessment tools, are used to support monitoring of emotional wellbeing. Aftercare arrangements are evident and we observed support of people to be compassionate and recognising of their emotional needs. People described the staff as being “good at what they do” and generally commented positively on the support they receive.

However, outcomes for people require significant improvement because of the providers approach to medication management and personal planning. We found that people do not always have complete personal plans in place following admission. In some cases, plans remain incomplete for several weeks and do not provide staff with sufficient information regarding how care should be delivered nor how staff should respond to assessed needs, risks, or preferences. Risk assessments do not consistently translate into practical care planning arrangements. While risks are identified, care plans frequently lacked detailed guidance for staff regarding monitoring, interventions, and support strategies. This places people at risk of inconsistent care, leaves staff without guidance to respond to individual needs, and reduces the assurance the outcomes for people can be sustained.

We also identified concerns around medication management. While the storage of medication was generally within guidelines, medication administration records contained inconsistencies and stock control arrangements are ineffective. Controlled drugs and returned medications are not consistently managed in accordance with safe practices. We found evidence of medication administration and auditing being undertaken by staff who have not completed appropriate medication training or competency assessments. The provider completes medication audits inconsistently and, where discrepancies are identified, there is no evidence of investigation, analysis, learning, or remedial action. This increases the risk of people not receiving appropriate care and support with medication and undermine that medication is managed safely.

These issues pose risks to people’s outcomes because there are not assurances that medication is managed safely and that plans for peoples care and support are appropriate for them. We have therefore issued priority action notices. The provider must take immediate action to address these issues.

Environment

Good

People live in an environment that is generally clean, suitably maintained, and appropriate for the needs of those using the service. Bedrooms and communal facilities provide people with privacy and dignity. Bedrooms can be secured by individuals whilst remaining accessible in emergencies where necessary. Communal spaces meet the needs of people offering opportunities for group counselling and private meetings, as well as recreation and daily living. Outdoor areas are suitable for those who reside in the home and the provider utilises nearby parks for community walks. The physical environment is designed to support the provider's recovery model and provides a safe and comfortable setting for people during their stay.

A range of environmental audits and monitoring systems are in place. We saw evidence of building inspections, health and safety checks and Responsible Individual visits that consider the condition of the premises. Appropriate security arrangements are mainly in place, including controlled access to hazardous substances and the use of CCTV in accordance with policy. Personal Emergency Evacuation Plans are available for people living in the home.

Fire safety arrangements are generally well managed. Managers undertake weekly fire alarm testing, regular fire drills, and fire marshal checks. The provider has also undertaken actions previously identified through external fire safety assessments. Legionella management arrangements are in place, with routine monitoring of water systems and cleaning schedules being completed.

Although, the overall environment is positive some areas for improvement are identified. Fire and ligature risk assessments have not been reviewed in appropriate timescales and therefore are not certain to reflect the current environmental risks to people. The ligature risk assessment refers to the development of local policy as an action but the absence of this means it is not an effective mitigation. In addition, heavy fixtures are not always secured to the wall, and the provider does not have an effective system of monitoring people entering and leaving the building. Outcomes for people require improvement because of the above and we expect the provider to make improvements. However, we found no impact to people living in the home and the overall environment and management of it remains suitable, safe, and supportive of people's recovery needs.

Leadership & Management

Requires Significant Improvement

Stanley Villa benefits from a strong ethos and a culture that staff and people using the service described positively. Staff spoke of managers as approachable and supportive. During the inspection we observed positive relationships between staff, managers, volunteers, and people receiving support. Supervision records demonstrated a flexible and supportive approach to staff management, and complaints are handled appropriately when raised. While staff meetings do not take place regularly, those that do are focused on staff and help create a balance between providing direction and working together to develop the service. Records of accidents and incidents are sufficiently detailed and evidenced proactive responses.

However, outcomes for people require significant improvement because recruitment and workforce management is inadequate. We viewed staff files and saw that the provider has not always sought references for staff within suitable timescales. At the time of inspection, a proportion of staff were not registered with the workforce regulator. We also found training deficits across key areas including safeguarding, medication, infection prevention and control, fire safety, and behaviour management. Training records provided are not sufficiently accurate to provide assurance regarding workforce competence. Furthermore, there is no evidence that staff are completing the Social Care Wales induction framework when hired and organisational policies do not reflect this requirement. These issues pose a risk to people's wellbeing outcomes, and we have issued a priority action notice. The provider must take immediate action to address these issues.

The Responsible Individual has a consistent presence at the home, contributing to the services being provided, and undertaking a three monthly inspection checklist to evidence oversight. These documents are thorough and evidence checks on audits, environment, feedback, and care plans. However, these visits do not identify or do not instigate action on issues around care planning, medication management, or staff training. This undermines confidence in the effectiveness of oversight systems. In addition, the RI has not prepared a Quality of Care Report within suitable timescales as required by the regulations. Outcomes for people require improvement because of this and we expect the provider to make improvements.

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 are at risk because risk assessments may not reflect contemporary risks in the setting and safety and security arrangements require improvement. The provider must ensure fixtures are secure and entry into the building is monitored.	03/06/26
People are at increased risk of harm because effective oversight is not in place to ensure the service is operating in accordance with regulations, the providers own policies, and best practice. The provider needs to ensure oversight of the service by the RI occurs through the reviewing of documents during regular visits and a Quality of Care Review report is published.	03/06/26

Summary of areas for Priority Action	Date identified
The current arrangements for managing medicines place people at risk of not receiving the right medication at the right time, and increases the likelihood of medication related incidents. The provider must ensure that medication storage, recording, training and auditing is in line with regulations, best practice guidance, and their own medication policy.	03/06/26
People are at risk because their personal plans are incomplete meaning that they may not receive the care and support they require while staying at the home. The provider must ensure all individuals in the home have a personal plan in line with the regulatory requirement.	03/06/26
People are at risk as there is no workforce regulator oversight of staff and that care and support could be delivered by staff who are not trained to do so. The provider must ensure that staff are appropriately trained and registered with the	03/06/26

relevant workforce regulator.	