Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

The Cedars Care Home

Barry

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www.potens-uk.com

The inspection visit took place on 08/06/2026

Service Information:

Operated by:	The Cedars Care Services Ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for learning disability
Registered places:	3
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	Requires Improvement
Care & Support	Good
Environment	Good
Leadership & Management	Good

Summary:

People experience positive care and support from effective leadership and management team overall, but improvements are needed to evidence people's voice and well-being outcomes are fully promoted.

Well-being is rated as Requires Improvement. People take part in some meaningful activities. However, records do not clearly show people's goals, choices or experiences. In addition, a safeguarding investigation was not thorough or in line with the provider's policy. Improvements are needed to ensure the service follows its policies and fully supports people's well-being and voice.

Care and support is good. People receive consistent and person-centred care from staff who know them well. Personal plans and risk assessments provide clear guidance, and staff support people to maintain their health. Some improvements are needed to strengthen reviews and medication recording, but outcomes for people remain positive.

The environment is good. The home is clean, welcoming and accessible, with personalised bedrooms and suitable communal and outdoor spaces. Health and safety checks take place to ensure the environment is safe for people.

Leadership and management is good. Leaders promote a positive culture and support staff. Staff are safely recruited, well trained and receive regular supervision, which helps ensure they provide safe and consistent care.

Findings:

Well-being — Requires Improvement

People take part in meaningful activities that support their well-being. People often choose to spend time at home doing activities such as board games and jigsaw puzzles. At the last inspection, we were told there were plans to increase opportunities for people to spend time together. We saw progress in this area. This included a certificate recognising a social event for a charity completed together, which was an aspiration identified by the deputy manager at the last inspection. We also saw people going out into the community together with staff.

People are supported to build and maintain relationships. The provider completes pre-admission assessments to make sure people are compatible with others living in the home. This helps create a positive and settled environment. Staff encourage people to socialise with others and support them to maintain relationships with family and friends. One person recently celebrated their birthday and spoke positively about a party arranged by staff with family and friends.

Improvements are needed to record and evidence well-being within the service. Records do not consistently show people's goals, the range of activities over time, or whether outcomes are achieved. Records focus mainly on routine daily tasks, with limited evidence of broader meaningful activities, such as trips or holidays. Records also lack clear evidence of people's voice, goals and choices offered. At the last inspection, we identified the need to improve this. This remains an area for development and is not in line with the provider's policy on choice and empowerment. We issued an area for improvement to address this.

People are treated with dignity, kindness and respect. Staff understand how to raise safeguarding concerns, which helps people feel safe. Improvements are needed to ensure investigations of safeguarding allegations are as robust as possible and to evidence people's rights and voice being promoted. The provider carried out a safeguarding investigation, but it was not thorough and did not follow their own policy. Records of analysis and decision-making were limited. This means we cannot be sure the concern was fully investigated or that the person's voice was considered. As a result, safeguarding arrangements need to improve, which we have issued as an area for improvement, and the provider must strengthen how concerns are investigated and managed. The service provider plans to introduce a new investigation tool to guide the lead manager investigating. This is a positive step, and we will review this at the next inspection.

Care & Support — Good

People receive good care and support and achieve positive outcomes. Staff know people well and support them in a consistent and positive way. We received positive feedback from a relative and a visiting professional and observed that people felt comfortable and confident asking staff for support. Personal plans and risk assessments are detailed and include people's preferences. This helps staff understand how to support people. Reviews take place regularly although they need to be more robust to show progress and identify new outcomes. Staff feel confident meeting people's needs, and we saw them respond quickly to people's requests.

Staff build strong relationships with people. A consistent staff team supports people, which helps meet their needs. The deputy manager is caring and promotes a family-like culture. We saw warm and respectful interactions. We saw staff offering people choices. Daily notes show that people are offered some day-to-day choices.

People are assisted and supported to attend and participate in health checks and activities related to health promotion, where appropriate. Staff support people to stay healthy and work closely with professionals. A visiting professional told us they felt confident there is enough staff available within the service with the right approaches to provide the right care at the right time. Health and hospital passports and plans are developed, maintained and used consistently for people who require them. For people with complex needs, assessors have specific training or seek advice from specialists.

People receive their medication on time, but medication recording needs to improve. PRN (as and when required medication) protocols are not always up to date. Records do not clearly show the reasons for administration or that PRN medication is reviewed for effectiveness. Staff do not always record temperature checks for storage. When temperatures go above safe limits, records do not always show what action was taken or that temperatures returned to a safe range. We issued an area for improvement and expect the provider to address this.

Despite improvements noted with medication recording, we felt confident people receive good quality care and support. Care is delivered in a way which promotes the development of routine and structures for people in line with their needs and preferences.

Environment

Good

The home is in a residential area of Barry and is close to local amenities. It feels welcoming and homely. The environment is light, airy, warm and clean.

People live in an environment that meets their needs. Communal spaces meet the needs of people, promoting independence and providing opportunities for private meetings, activities, and recreation. There is enough communal space for people to move freely and spend time together. The layout is all on one level, which supports accessibility. Bathroom and toilet facilities are clean and in good working order. People have their own bedrooms all individually decorated to suit the personality and preferences of the person. These are spacious, clean and highly personalised, enabling privacy, comfort and independence. The garden is spacious and has been improved with a patio area. This supports people to spend time outdoors and has enhanced accessibility. Outdoor seating is available and the area is very well presented.

Health and safety checks are carried out regularly to help keep people safe. The provider has appointed an additional maintenance officer and completed outstanding work. Regular servicing, maintenance and immediate repairs of facilities ensures the safety and well-being of people using the service.

Security arrangements are in place to protect people without compromising their rights, privacy, and dignity. This includes protecting personal property and providing appropriate access to and from the premises. Staff monitoring who is coming and going and there is a visitor signing in and out book.

Leadership & Management — Good

The service is well led, with leaders promoting a supportive culture where staff feel valued. Staff told us they feel supported, receive regular supervision and annual appraisals, and can raise concerns openly. Care staff understand their responsibilities, including duty of candour and whistleblowing. They told us they feel confident that their concerns or complaints will be taken seriously, will be thoroughly investigated, and responded to promptly, with no fear of repercussions. There has been a recent introduction of an anonymous staff suggestion box. The provider sends notifications to relevant authorities on time. The service provider is due to introduce an electronic system to improve and streamline record keeping and oversight.

The service provider's oversight and governance arrangements foster a positive and compassionate culture in the service. The deputy manager has maintained a supportive culture, particularly during a period without a registered manager. We saw positive team working, the deputy manager leads by example and promotes personalised, compassionate care.

People achieve their personal outcomes because the service provider makes sure there are enough suitably qualified, vetted and trained staff to deliver quality care and support. The provider follows safe recruitment processes. Staff receive a good variety of training in line with the needs of the people they provide care and support too. Staff are registered with Social Care Wales, the workforce regulator. The provider maintains close oversight of staff training and encourages staff to continue developing their skills through further social care qualifications.

The Responsible Individual (RI) visits regularly and produces relevant quality assurance checks. We identified that quality assurances reports are improving and include more detail. The RI will ensure actions are clearly recorded and followed through to show progress.

The provider has policies and procedures in place. Policies are not always followed fully in practice. This limits the provider's ability to show that care is delivered in line with expected standards. We issued an area for improvement and expect this to be addressed. A new manager is now in post, which strengthens oversight.

Overall, leadership and management support positive outcomes for people. Leaders promote a positive culture and support staff to deliver good quality care and support.

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 medicines are not always managed safely. Staff do not consistently follow PRN protocols, and records do not show the reason for administration or the effectiveness of PRN medicines. Temperature checks for the storage of medicines are also not consistently recorded. This means the provider cannot be assured medicines are effective in meeting people's needs.	08/06/26
Outcomes for people require improvement because the service is not consistently delivered in line with its own policies. The provider is not following key policies, including medication, safeguarding and choice and empowerment. Records do not consistently show people's choices, goals or outcomes. This means the provider cannot demonstrate people's well-being and rights are promoted or that care is delivered consistently and safely.	08/06/26
Outcomes for people require improvement because safeguarding arrangements are not always robust. Safeguarding investigations are not consistently thorough and lack clear recording of decisions and outcomes.	08/06/26

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