Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Sycamore House

Barry

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www.potens-uk.com

The inspection visit took place on 30/06/2026

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:	4
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:

We rated well-being as requires improvement because people do not always have meaningful opportunities to influence reviews, decisions and care planning. Records do not consistently demonstrate how people's views, or those of their representatives, inform decisions. In addition, people have not always accessed the range of community and sensory activities described in the provider's Statement of Purpose and assessed as important to them in their personal plans.

People experience positive care and support from a staff team which knows them well and promotes their dignity, respect and individual choices. We observed warm, person-centred interactions and found detailed care planning, risk assessments and medication management arrangements which support people's safety and well-being.

We found the environment to be of good standard. People live in a comfortable, homely and well-maintained environment that supports their needs and independence. The home provides a range

of communal and private spaces, accessible outdoor areas and appropriate environmental adaptations to meet people's individual needs. Arrangements to promote people's safety are effective.

Leadership and management are good because leaders understand the service, identify areas for improvement and are open and transparent about challenges. However, some improvements identified through quality assurance processes have not been resolved quickly enough, which has delayed improvements to outcomes for people.

Findings:



Well-being — Requires Improvement

People maintain relationships with family members, friends and others who are important to them. Care staff understand the value of these relationships and support people to stay in contact. Planned social activities and positive interactions with care staff help promote people's well-being. The management team arranges social events with people from other services to celebrate special occasions and maintain social connections. This supports people to develop and sustain relationships outside their immediate home environment.

Outcomes for people require improvement because people and their representatives do not always have meaningful opportunities to share their views through reviews, meetings or advocacy. People do not consistently achieve the outcomes they identify for themselves. This is because care reviews do not always include people's views or the views of their representatives. We also found gaps in record keeping. Records do not always demonstrate people's representatives have been involved in best-interest decisions where appropriate. We identified gaps in recording and promoting people's voice and the views of their representatives during incidents, periods of distress and changes in emotional well-being. The provider introduced a new distress monitoring tool and arranged support from its internal PBS (Positive Behaviour Support) trainer to strengthen staff knowledge and skills in recognising, recording and responding to distress.

Outcomes for people require improvement because people are not always supported to maximise their independence and make choices about how they spend their time. Service pressures, staffing arrangements and a lack of available drivers have reduced opportunities for people to access community activities. The provider's Statement of Purpose describes a range of sensory activities and meaningful opportunities in the community. However, records show people have not accessed these opportunities consistently for some time. We saw evidence people do access the community, but opportunities are infrequent and do not always reflect the person's goals, interests or aspirations. The provider has started to address these issues, and we saw evidence of changes beginning to be implemented during the inspection.

Challenges within the service have had an impact on outcomes for people. We expect the provider to take action and will follow up progress at the next inspection.

Care & Support — Good

Outcomes for people are good because care staff treat people with dignity and respect. We observed positive, person-centred interactions throughout the inspection. Most care staff used calm, gentle and empathetic approaches promoting people's well-being and independence. Care staff offered people choices in their daily lives, including what to eat, how to spend their time and activities they wished to take part in within the home.

Care staff know people well and understand their individual needs, preferences and routines. We found positive relationships between people and care staff, creating a familiar and supportive environment. Although the service has experienced some staff turnover, several staff have worked at the service for a long time, which helps provide continuity of care. We saw an example of the deputy manager advocating on behalf of a person to achieve positive health and well-being outcomes, including supporting a person to access more flexible healthcare arrangements that better reflected their preferences and daily routines.

People's personal plans focus on their strengths and describe how care staff should support them to achieve their personal outcomes. Plans consistently reflect people's preferences, routines, beliefs and support needs. We reviewed detailed personal profiles, assessments and risk assessments which help guide care and support. The service has also introduced a new recording system to evidence the choices offered to people, including meal options, clothing choices and activities. We saw photographs and other records capturing meaningful experiences, including holidays, social events and community activities.

People receive their medication as prescribed in accordance with national guidelines and the service provider’s medication policy. Audits are completed to ensure consistency of practice and good standards are maintained. Leaders made improvements after identifying medication had not always been stored in line with requirements. They also identified a pattern of medication errors and took action to address this, streamlining the organisation of stock, which is effective.

People are protected from abuse and avoidable harm as far as possible. Most care staff demonstrate a good understanding of safeguarding and whistleblowing procedures and are confident raising concerns. Leaders and managers respond to safeguarding concerns and allegations of staff misconduct appropriately and make referrals to safeguarding teams where required. Leaders continue to monitor staff practice and have plans to introduce additional coaching and mentoring to strengthen values-based, person-centred practice across the service. The registered manager has commenced reflective team meetings within the service to address any concerns raised and to improve and promote person centred practices.

Environment

Good

People live in an accommodation which supports their needs, well-being and independence. The home is homely, accessible and suited to the people who live there. We observed a calm atmosphere throughout the inspection. Care staff responded appropriately to people's sensory needs and helped create an environment where people appeared comfortable and settled. The home is situated in a quiet residential area close to local amenities.

The environment is clean, warm and well maintained. People have spacious bedrooms that are personalised to reflect their interests, preferences and individual needs. People can spend time in a range of communal and private areas. Shared living spaces encourage social interaction, while bedrooms provide privacy and opportunities for relaxation.

People benefit from accessible outdoor spaces. The gardens and patio areas are attractive, well maintained and provide opportunities for relaxation, recreation and social engagement. We saw a 'grow your own' garden area and observed people using the enclosed outdoor space. One person had access to a separate outdoor area that could provide additional opportunities for sensory activities.

Arrangements to promote people's safety are effective. Records showed regular fire drills, personalised emergency evacuation plans (PEEPs), equipment servicing, water temperature checks, asbestos management and legionella monitoring. These arrangements help keep people safe while supporting their independence. People have individualised PEEPs which are reviewed and updated regularly. We identified temperatures within the communal area used to store medication can increase during periods of hot weather. The provider is considering how they can address this.

Leadership & Management — Good

Leadership and management are good because leaders understand the service well and demonstrate a commitment to improving outcomes for people. The Responsible Individual (RI) regularly visits the service and maintains oversight through quality assurance activities. Senior leaders identify patterns, trends and areas requiring improvement and work closely with the management team to address them. We found leaders to be open, transparent and reflective throughout the inspection.

Managers provide visible leadership and promote person-centred values throughout the service. We saw positive examples of management supporting people and working alongside care staff. The management team recognises further coaching and mentoring is needed to develop staff confidence and skills in some areas of practice.

The provider has systems to monitor the quality and safety of the service. These include visits by leaders to audit records, observe practices and gain feedback from people and staff. Leaders use this information to identify areas for improvement. However, we found improvements identified through quality assurance processes have not always been addressed in a timely way. Records show some areas for improvement have remained unresolved for over a year. This is longer than we would expect and has delayed progress in improving outcomes for people.

The RI and management team had already identified many of the issues affecting people's well-being which we found during inspection. Leaders acknowledged barriers affecting progress and took action to address them, including changes in the registered manager. We saw evidence leaders had implemented additional measures to address these issues.

The service employs appropriate recruitment, supervision and training arrangements. Care staff receive training relevant to their roles and managers work proactively with health and social care professionals when people's needs change. Staffing levels are sufficient to meet people's care and support needs within the service.

Most relatives gave positive feedback about the service, management team and care staff. They told us they were kept informed about significant changes and felt their family members were safe. Leaders are aware communication with some families need strengthening, along with recording of concerns and complaints to ensure actions and outcomes are clearly evidenced.

Overall, leadership and management are good because leaders understand the service, identify areas requiring improvement and are open and transparent about challenges. Leaders take action when standards fall below expectations and have implemented additional measures to improve

outcomes for people. While some improvements have not been progressed as quickly as we would expect, leaders recognise these issues and are taking action to address them.

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 people's views and the views of their representatives are not consistently reflected in reviews, best-interest decisions and records relating to changes in emotional well-being. In addition, people do not consistently access the community and sensory activities identified as important to them and described in the provider's Statement of Purpose, which limits opportunities to achieve their personal outcomes.	30/06/26
Outcomes for people require improvement because quality assurance systems have not always ensured that identified areas for improvement are addressed in a timely way. As a result, issues affecting people's well-being, opportunities for community participation and the promotion of people's voice have remained unresolved for a prolonged period.	30/06/26

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

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