Arolygiaeth Gofal Cymru
Care Inspectorate Wales

# Inspection Report

## The Willows

Barry

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**The inspection visit took place on 10/04/2026**

## Service Information:

| | |
|---|---|
| Operated by: | The Cedars Care Services Ltd |
| Care Type: | Care Home Service<br>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 | Requires Improvement |
| Environment | Good |
| Leadership & Management | Requires Improvement |

## Summary:

The Willows provides a respite service for adults with learning disabilities and physical needs.

People's well-being outcomes require improvement. Staff treat people with dignity and respect and work as a familiar, close-knit team who know individual needs and preferences well. Relatives told us people return from respite happy and are supported to access the community. However, there is limited evidence that people's voices, choices and meaningful engagement are consistently promoted, including the involvement of their representatives.

Care and support require improvement. Assessments of needs and risks are not consistently completed, personal plans are not routinely reviewed, and handover arrangements before respite stays are not sufficiently robust. This limits the availability of up-to-date information for staff and increases the risk that people do not consistently receive good quality, personalised care.
The environment is good. It is safe, generally accessible and well managed. Hazards are identified

and addressed promptly, and required health and safety arrangements are in place. While some areas would benefit from further enhancement, these do not detract from people's safety or overall experience.

Leadership and Management require improvement. Incomplete and ineffective records limit governance, quality assurance and oversight and underpin the non-compliances identified. Four Areas for Improvement have been issued, and the provider is expected to take timely action to address these.

# Findings:

## Well-being — Requires Improvement

People are treated with dignity and respect. We observed kind, caring and respectful interactions between staff and people using the service. Staff including the manager are very familiar with people using the service and responsive to their immediate needs. People and their representatives consisting of their relatives, told us they experience positive respite outcomes, including access to the community and activities they enjoy. We saw people being supported into the community during our visit. Relatives told us that, people returned home from respite content and settled, and staff kept families informed during significant events.

Improvement is required to ensure people are consistently supported to exercise choice and control in their day-to-day lives, and to make informed decisions. We found limited and inconsistent evidence of meaningful activity and engagement. Communication and information sharing tools to document people's experiences requires strengthening. There was limited evidence that people's views were captured, reviewed or used to inform care planning between respite stays. We observed that changes to routine and the environment affected one person's ability to feel at ease and in control, indicating that individual needs and known triggers were not sufficiently embedded into day-to-day practice. This reduces people's voice, control and influence over their care.

People are supported to maintain meaningful relationships with friends and other important people, as far as possible. We found a good matching process, with people supported by familiar key staff with whom they have developed relationships over a number of years. The staff team is small and consistent, and managers demonstrate a good understanding of people's preferences and personalities. Some relatives told us their family member looked forward to respite stays to see their key worker, describing these relationships as familiar and similar to friendships.

The provider prioritises people's well-being when evaluating whether the environment meets their needs and have agreed additional funding to adapt the kitchen and garden to make it more accessible for people to promote well-being outcomes.

While there were examples of positive practice, this was not consistently experienced. Variability in how choice was offered, how people were engaged, and how people and their representatives' views were listened to meant that people did not always experience the same quality of care and support. This has been identified as an Area for Improvement, and we expect the provider to take action to ensure approaches to choice, engagement and listening to people and their representatives are consistently embedded.

## Care & Support — Requires Improvement

People are protected from abuse and neglect and feel safe in the service. The environment is secure. The manager works closely with multi-agency professionals when concerns arise, including safeguarding teams, and seeks timely advice to manage risks appropriately.

Medicines are managed safely and consistently. We found medication arrangements were informal and unreliable, with staff relying on verbal or handwritten information from families. During the inspection, the provider took immediate action and introduced a formal medication arrangement and recording system. This has improved the accuracy and reliability of medicines management.

The provider had not completed provider assessments for people using the service. This resulted in incomplete and inconsistent information, particularly for people with complex needs, and limited the use of specialist knowledge to inform care. We found one person attends a specialist residential education placement and makes positive progress in life skills with specialist staff. Relevant reports and assessments were available but had not been incorporated into care planning. This limits continuity of support during respite stays. This has been identified as an Area for Improvement, and we expect the provider to take action.

Staff deliver care with kindness and compassion. However, key elements of safe and effective care are not consistently in place. We identified gaps in assessment, care planning and review processes. These gaps limit the provider's understanding of people's needs, risks, communication methods and support strategies, and reduce assurance that care is consistently personalised and safe. People and their representatives are not routinely involved in reviews of personal plans and do not consistently have access to them to confirm accuracy. Handover arrangements before and after respite stays relied largely on verbal and informal processes. In some cases, people arrived without full or reliable information about recent changes to their care or support needs. This leads to avoidable inconsistencies in care delivery and increases the risk that people's needs are not met promptly or appropriately. The provider took immediate action to ensure reviews and care plans are more robust. During the inspection, the provider introduced a formal review and handover document. This action has reduced risk by improving the transfer of information between respite stays. However, at the time of inspection, there was limited evidence that new arrangements are consistently embedded or that people and their representatives are fully involved in review processes.

## Environment — Good

People live in a safe and welcoming environment that supports their well-being and day-to-day needs. The service is located within the local community and provides a homely atmosphere, which helps people feel connected to their neighbourhood. Staff follow clear sign-in and sign-out procedures and monitor who enters and leaves the service. This supports people's safety while maintaining a relaxed, non-institutional environment.

The indoor environment is accessible and supports people to move around safely. Ground-floor environment enables people to access shared areas with ease. The environment is clean, orderly and functional. While some areas would benefit from further enhancement to improve comfort and homeliness, this does not detract from people's safety or ability to use the space. Bedrooms provide people with private space, although limited personalisation reduces opportunities for people to express their individuality. Bathrooms remain functional; however, modernisation would further enhance people's experience.

The garden provides attractive views of surrounding farmland and open land, which contributes positively to people's emotional well-being. Some areas of the garden are accessible and enable people to spend time outdoors. The provider told us they will further adapt the garden to ensure all areas are accessible for people. Where environmental hazards were identified during the inspection, including unsecured furniture and garden risks, the provider addressed these promptly. This reduced risk and demonstrated effective management of the environment.

Required health and safety checks are in place and up to date, including legionella management, portable appliance testing, fire safety equipment, fire drills and Personal Emergency Evacuation Plans. These arrangements support people's safety and ensure staff understand how to respond in an emergency.

The kitchen is accessible and supports daily living activities. It is safe and usable for its current purpose. While improvements would further enhance people's well-being and opportunities to develop life skills, current arrangements do not compromise safety.

Overall, the environment supports positive outcomes for people because it is safe, generally accessible and well managed. Hazards are identified and addressed promptly. Although some areas would benefit from further enhancement, these do not adversely affect people's safety or overall experience.

## Leadership & Management Requires Improvement

Leadership and management arrangements are not sufficiently effective in ensuring consistent compliance, quality and safe outcomes for people. Gaps in practices within leadership and governance underpin many of the issues identified during the inspection.

We identified multiple instances of gaps in governance records, including safeguarding oversight, assessment and review processes, notifications and quality assurance. Records were incomplete and inconsistent. They did not reliably demonstrate that people's needs were assessed, understood, monitored or reviewed in line with regulatory requirements. This reduced management oversight and limited assurance that people consistently receive personalised, safe and appropriate care. Records do not support effective monitoring of themes, patterns or learning at organisational level. In addition, not all safeguarding matters and incidents had been notified to CIW as required, which limited effective regulatory oversight.

Quality assurance arrangements lack sufficient evaluative analysis. The most recent Quality of Care Review identified areas of non-compliance; however, it is largely descriptive. It does not consistently analyse why issues have occurred, identify root causes, or demonstrate learning and improvement over time. Action plans lack clear ownership, timescales and measurable outcomes, which reduces their effectiveness. Several issues identified through internal monitoring were not addressed in a timely way. As a result, issues were repeated and opportunities to improve people's experiences and outcomes were missed.

People achieve their personal outcomes because the service provider makes sure there are enough suitably qualified and trained staff to deliver quality care and support. Most staff are registered with Social Care Wales and receive regular supervision and attend team meetings, which supports communication and oversight of day-to-day practice. Training provision is generally appropriate and reflects the needs of people using the service, including those with more complex needs. Recruitment arrangements are safe and robust, with appropriate pre-employment checks completed, including Disclosure and Barring Service checks and ongoing monitoring.

Leaders were open and transparent during the inspection and acknowledged gaps in compliance and areas requiring improvement. The Responsible Individual carries out regular visits and is able to identify areas for improvement through these arrangements. However, governance, quality assurance and oversight systems have not been effective in ensuring concerns are addressed in a timely and sustainable way.

Outcomes for people require improvement under the Leadership and Management theme because governance, records management, quality assurance and regulatory oversight arrangements are not sufficiently robust. While risks were responded to when identified and people were not exposed to sustained harm, leadership systems do not yet consistently drive compliance and improved outcomes yet. A new Registered Manager has been appointed but had not commenced at the time

of inspection. The current management team is in place and has begun addressing the issues identified during the inspection. However, at the time of inspection, it was too early to evidence that changes have been fully implemented or embedded to consistently improve outcomes for people.

# 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 gaps and inconsistencies within records limit effective leadership oversight, monitoring and quality assurance, reducing assurance that care and support are consistently safe, well managed and delivered in line with regulatory requirements. | 10/04/26 |
| Outcomes for people require improvement because care and support arrangements do not consistently promote people's voices, choices or well-being. Communication with people and their representatives during respite stays is not sufficiently robust to ensure care is delivered in line with individuals' preferences and needs. | 10/04/26 |
| Outcomes for people require improvement because provider assessments are not completed, which limits the service's understanding of people's needs, risks and outcomes and reduces assurance that care and support is planned, reviewed and delivered consistently. | 10/04/26 |
| Outcomes for people require improvement because monitoring, quality assurance and improvement arrangements are not sufficiently robust to identify, address and prevent repeat issues in a timely way, limiting assurance that care and support are consistently safe, effective and of good quality. | 10/04/26 |

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

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