Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Swn Y Wylan

4 Ebberston Road East, Rhos On Sea, Colwyn Bay, LL28 4DP

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www.coeddu.com

The inspection visits for this service took place between 05/08/2026 and 12/08/2026

Service Information:

Operated by:	Coed Du Hall Ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Provision for learning disability
Registered places:	6
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	Good
Environment	Good
Leadership & Management	Good

Summary:

Swn Y Wylan is a residential care home in Rhos on Sea providing accommodation and support for up to six adults whose primary diagnosis is a learning disability and/or mental illness.

People receive quality support from staff who know them well and promote their well-being, choice and independence. People are supported to maintain important relationships, participate in community activities and achieve outcomes that matter to them.

Care and support arrangements are good, responsive to people's individual needs and are underpinned by detailed care planning and multidisciplinary involvement. The environment is welcoming, comfortable and generally well maintained.

Leadership and management arrangements provide a good level of oversight through regular audits, governance meetings, quality reviews and responsible individual (RI) visits.

Findings:

Well-being — Good

People have good control over their day-to-day lives and are supported to make choices about how they spend their time. People move freely around the home, choose activities and are involved in decisions that affect them. Accessible information is available, including an easy-read service user guide and information about advocacy. Records show people contribute to key worker discussions and review their own goals and preferences. Staff know people well and adapt support to meet individual communication needs. Staff listen to people and respond to their wishes in a respectful and responsive way. Outcome-focused work is developing through the use of Outcome Star for some individuals, helping to evidence progress towards personal goals.

People feel safe and are protected from abuse and neglect. The service has systems in place to monitor Deprivation of Liberty Safeguards authorisations and ensure legal safeguards are reviewed appropriately. Staff receive safeguarding training and demonstrate an understanding of how to recognise and report concerns. Information about raising concerns and making complaints is available in formats people can understand. Governance arrangements include regular review of incidents, accidents and safeguarding matters. Where concerns arise, records demonstrate that appropriate action is taken and oversight is maintained by the manager and RI.

People are supported to maintain important relationships and participate in community life. Relatives told us their family member regards the service as their *“home” and “happy place”*. One relative described support as *“marvellous”* and told us, *“Confidence, communication skills and self-esteem have grown a lot”*. Staff support people’s personal goals though person-centred activities. Relatives told us family contact is encouraged and they can visit freely and take their family member out whenever they choose. Outcome Star records and care documentation demonstrate people maintain relationships, access community activities and pursue interests that are meaningful to them. People's language preferences are considered. We saw evidence of Welsh-speaking staff being available to support people, bilingual information being accessible and ongoing efforts to strengthen the Welsh language Active Offer within the service.

People benefit from an environment that supports their well-being. The home is welcoming, comfortable and personalised. We observe people using communal areas confidently and accessing outdoor spaces safely. The environment supports independence, with people involved in meal choices and aspects of daily living. Adaptations are made where needs change, including specialist equipment being purchased by the provider to support individuals safely. Relatives told us the service has supported improvements in independence, skills and quality of life since their family member moved in.

Care & Support — Good

People receive care and support that is personalised and reflects their assessed needs. Personal plans, risk assessments, communication passports and health records provide detailed information about people's preferences, support requirements and health conditions. Communication passports describe how people like to communicate, their interests, routines and important relationships. We observed staff applying this information in practice. Care planning reflects changes in people's needs and includes input from health professionals where required. Monthly key worker meetings take place and provide opportunities for people to discuss what is important to them, their well-being, activities and future plans. Records are written in a person-centred way, and people sign documents where appropriate.

People are supported by staff who understand how to protect them from harm and abuse. The service has procedures in place for safeguarding, incident reporting and risk management. Records demonstrate that incidents, accidents and safeguarding matters are reviewed through the provider's governance arrangements. Staff understand safeguarding responsibilities and know how to report concerns. Individual risks are assessed and reviewed when circumstances change. We saw examples of multidisciplinary involvement when health needs change, including support from occupational therapists, physiotherapists, speech and language therapists, neurology and mental health professionals. Where concerns arise, staff seek professional advice and update support arrangements to help keep people safe whilst promoting their independence.

People's medicines are managed safely. Medication audits are completed regularly and administration, storage and recording of medicines are good. Staff demonstrate a good understanding of medication procedures, and a senior member of staff provides day-to-day oversight of medication management. The service has prepared well for the implementation of an electronic medication recording system.

The service has systems in place to reduce the risk of infection and promote people's health. Staff have access to infection prevention and control policies, training and guidance and demonstrate an understanding of hand hygiene, personal protective equipment and outbreak management procedures. The provider also demonstrates a preventative approach to health and well-being through organisational learning. We saw evidence of hydration awareness resources, training materials and practical guidance being developed and shared across services to support hydration, reduce the risk of falls and promote people's overall well-being.

Environment

Good

People live in an environment that is comfortable, welcoming and supports their wellbeing. The home is situated in a residential area and provides a range of communal and private spaces for people to use. During inspection, we observe people moving freely around the home, accessing communal areas and spending time in spaces of their choosing. Staff support people in a flexible way and take account of their preferences and daily routines or where they wish to spend their time. The outdoor environment is accessible and well maintained, with evidence that people use the garden and participate in gardening activities. We saw examples of people being involved in growing plants and maintaining outdoor spaces. Relatives also tell us the environment and location has supported increased independence, freedom and choice for their family member.

The service has arrangements in place to help ensure the environment remains safe and suitable for the people living there. We observed that bedrooms are personalised and equipped according to individual needs. The service adapts accommodation when people's needs change. For example, the provider has purchased specialist equipment to support a person's changing mobility needs, ensuring they do not need to move to alternative accommodation. Assistive technology is available where required and its use is based on individual risk assessments. Environmental safety measures are generally well managed. Window restrictors are in place for higher floors and there are suitable bathing facilities.

The provider has systems in place to monitor health, safety and maintenance. We saw evidence of regular checks, including fire alarm testing, fire drills, fire door checks, emergency lighting checks and servicing of equipment. Personal emergency evacuation plans (PEEPs) are available for people living at the service. Health and safety monitoring includes checks of windows, first aid equipment, carbon monoxide alarms and other environmental safety systems.

Leadership & Management — Good

People benefit from a service with established leadership, governance and quality assurance arrangements. The provider has systems in place to oversee the quality and safety of care through audits, governance meetings, quality reviews and RI visits. Monthly governance and “lessons learned” meetings take place where incidents, safeguarding matters, medication issues, training requirements and audit findings are discussed and actions identified. Learning is shared across the wider organisation through staff meetings, training, supervision and management communication. The provider has identified opportunities to strengthen evidencing impact and outcomes for people living at the service. The leadership and management arrangements at the service support the safe running of the service and demonstrate a clear culture of learning and continuous improvement.

The service demonstrates effective oversight through regular visits by the RI. Records show these visits take place within required timescales and include meetings with people, staff and relatives where available, review of records and monitoring of key aspects of service delivery. Reports provide evidence of oversight of staffing, training, supervision, medication management, safeguarding, complaints, environmental matters and notifications. Recommendations made during visits are reviewed at subsequent visits to monitor progress. The RI is visible within the service and relatives tell us they see them quite often. One relative also told us, *“Any issues they have they let us know”* and confirms they are involved in reviews.

People are supported by a staff team with relevant skills and training. Staffing levels are sufficient to meet people's needs and the service reports low staff turnover. Staff have access to a wide range of mandatory and specialist training, including safeguarding, medication management, mental health, learning disability awareness, positive behaviour support, dysphagia and epilepsy training. The provider has undertaken a training needs analysis to ensure training reflects the needs of people living at the service and has invested in additional training resources, including internal trainers and specialist programmes. Recruitment systems are in place and records reviewed demonstrate appropriate pre-employment checks. Staff speak positively about support available to them and we see evidence of regular supervision, appraisal and workforce development opportunities.

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.

CIW has no areas for improvement identified following this inspection.

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

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