Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Magnolia House Residential Home LTD

Park Road, Rhosymedre, Wrexham, LL14 3EF

01978824445

https://magnoliahouseresidentialhome.co.uk/

The inspection visit took place on 28/07/2026

Service Information:

Operated by:	Magnolia House Residential Home Limited
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for mental health
Registered places:	19
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	Requires Significant Improvement

Summary:

Magnolia House provides residential care to older people. It is based close to local amenities such as a local supermarket and public houses. There is a leisure centre and country park nearby.

People are supported by care staff who know them well. Many people are supported to achieve good wellbeing outcomes, with access to choices about their meals, activities and where they spend their time. Whilst we found personal plans lacked clear detail for care staff to follow, they know people well and overall, a good standard of care and support is provided. Required improvements to personal plans will help strengthen and maintain this standard and ensure people receive the right care at the right time.

The home is clean, homely and welcoming, with access to facilities and specialist equipment to support people. People have comfortable bedrooms which they can personalise to suit their

individual tastes. They live in a good environment to meet their needs.

The oversight of the service is inconsistent, and we found several areas which require improvement to ensure any risks are identified and promptly managed. The responsible individual (RI) needs to ensure systems and policies are in place to strengthen oversight of the service.

Findings:

Well-being — Good

Many people experience positive outcomes and are supported to maintain choice and control over aspects of their daily lives. During the inspection, people were observed making choices about meals, and care staff routinely offer drinks throughout the day. Meals are home cooked with fresh ingredients, and people told us they enjoy the food. Menus provide options and there is evidence that suggestions made through resident meetings are incorporated into meal planning, demonstrating that people have opportunities to influence the service they receive. Feedback from residents and relatives is largely positive, with several people describing satisfaction with the care and support they receive.

People personalise their bedrooms with photographs, ornaments and personal belongings, helping to promote comfort, familiarity and a sense of identity. The environment includes dementia-friendly features, such as colour-contrasting grab rails which support orientation and independence. Accessible outdoor spaces, including a patio and garden area, provide opportunities for people to spend time outside and maintain connections with their surroundings. Relatives have been involved in recent improvements to the patio area.

People can join in with a range of activities, including bingo, films, entertainers and community-based opportunities. A new activities coordinator has been recruited, and they will continue to progress the activities offer. The service also promotes social and community connections through links with local faith groups. Care staff support people to maintain relationships with family and friends. People can be supported by care staff who speak Welsh, and all care staff have access to Welsh phrase books to assist them to communicate in basic Welsh with people.

The service demonstrates awareness of the importance of safeguarding and promoting people's rights. Applications for deprivation of liberty safeguards are in place where appropriate. This means that people who lack capacity to consent to their care and support needs, have a representative to ensure their voice is heard and their rights are upheld. Relatives told us they are confident to raise any concerns about care arrangements.

Care staff know people well, and we saw numerous occasions in which care staff responded promptly and with kindness and respect when people were anxious or upset.

Care & Support — Good

People receive care from staff who know them well and demonstrate a caring approach. Throughout the inspection, staff interacted warmly with residents and provided reassurance when individuals required support. The manager knows people well and could tell us about their histories, preferences and current needs. There are monitoring systems in place for areas such as nutrition, hydration and repositioning, and records demonstrate these are completed regularly. However, personal plans do not consistently contain sufficient person-centred information to ensure care staff can fully understand individuals' wishes, life history, emotional wellbeing needs and preferred approaches to support. While staff demonstrate knowledge of people in practice, the written information does not always provide adequate guidance, particularly for individuals who are unable to communicate their needs or preferences.

People's personal plans lack clearly defined outcomes and goals, making it difficult to evaluate whether people are achieving the outcomes that matter to them. Daily records are often task-focused and contain limited information about people's experiences, wellbeing or responses to care. Moving and handling documentation requires strengthening, as plans do not consistently provide clear step-by-step guidance to support staff in delivering care safely and consistently. Whilst there is a risk to people due to the quality and consistency within personal plans, we found this was not affecting the care and support people receive at present. However, these shortfalls create a risk that important information is not clearly communicated across the staff team, and we have highlighted an area for improvement. We expect the provider to take action.

Care staff ensure people receive health care support they need and referrals are made to healthcare professionals as required. Records show involvement from a range of healthcare professionals including general practitioners, district nurses, and hospital services. People are referred for medication reviews as required to meet their changing needs.

Senior staff ensure medication management is safe and well organised. They check medication administration records prior to administering medicines and seek consent appropriately, including establishing whether individuals require "as required" pain relief medicines. Secure storage arrangements are in place, medication rooms remain locked when not in use, and environmental temperatures are monitored consistently. Regular audits provide an additional level of oversight.

Infection prevention and control arrangements are robust. The home is clean and well maintained, appropriate supplies of personal protective equipment are available, and audits relating to infection prevention are completed regularly.

Environment

Good

People live in an environment that is safe, comfortable and well maintained. The home presents as clean, welcoming and homely, with evidence of ongoing investment and improvement by the provider. Residents have access to communal areas, personalised bedrooms and outdoor spaces that support wellbeing and social engagement.

People who are able, can move around the home freely with aids such as colour contrasting grab rails and mobility equipment. We saw people enjoying the outdoor patio area to socialise with each other and visitors. During the afternoon the dining room was accessed for receiving visitors and for engaging in art activities.

The provider demonstrates a commitment to maintaining the physical environment and ensuring equipment remains safe and suitable. Safety measures, including window restrictors, radiator covers, secured furniture and evacuation equipment, are in place throughout the service. Hazardous substances are stored securely, and records show that monitoring and servicing arrangements are completed for key health and safety systems. This includes fire safety systems, emergency lighting, electrical installations, water temperature testing and legionella controls. The building is secure, with a visitor signing in book. We were required to identify ourselves before we could enter the building.

Fire safety arrangements are well embedded. Regular alarm testing and fire drills take place, and management provides evidence that actions identified through external fire safety reviews are addressed promptly. Documentation demonstrates ongoing monitoring of environmental safety, helping to support the protection of people living at the home.

The service provider is committed to investing in the service and continuous improvement of the environment. Some rooms have been recently refurbished and there are plans for development of additional wet room facilities.

Leadership & Management

Requires Significant Improvement

Care staff are well supported by the service provider with continuous training provision which is relevant to the needs of the people they support. Training records show staff complete mandatory learning and additional workshops are available in areas such as medication management, diabetes care, mental capacity and electronic care systems. Care staff receive regular supervision every three months and an annual appraisal to consider their learning and development needs. Care staff are subject to regular disclosure and barring service checks and are required to register with Social Care Wales, the workforce regulator.

The manager and responsible individual (RI) have ensured there are governance arrangements in place, including audits covering medication, infection prevention and control, health and safety and operational performance. RI visits take place regularly and records demonstrate engagement with residents, visitors and staff. The provider also seeks feedback through quality questionnaires. These are analysed for any recurring patterns or themes. Quality questionnaires reviewed were consistently positive about the service provided. The manager also maintains systems for responding to complaints and concerns raised by relatives.

We found governance systems are not consistently effective in identifying and addressing issues to ensure they do not impact people. Concerns identified during the inspection around access to call bells have not been recognised through existing audit processes. We found issues relating to call bell accessibility and monitoring have been raised previously through complaints and professional concerns, yet governance systems do not provide sufficient evidence that these matters have been comprehensively investigated, monitored or resolved. This raises questions regarding the effectiveness of oversight and quality assurance arrangements.

The service provider did not provide all documentation requested during the inspection within agreed timescales, creating difficulties in evidencing compliance. There is no business continuity plan in place to consider how the service would continue to operate effectively in the event of an emergency. We found some policies, including the safeguarding and moving and handling policy require strengthening. Quality of care reviews sought the views of people and relatives. However, they did not demonstrate analysis of incidents, accidents, safeguarding issues or complaints to identify whether there are any patterns or trends. The service provider has failed to submit an annual return. It is a requirement for a provider to submit an annual return within the timescales set out by the regulation. Whilst many people achieve good outcomes, there is evidence of poor outcomes for some people. The service requires improvement because of the gaps identified in the oversight of the service and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

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
We found a risk of poor outcomes for people as personal plans lacked sufficient detail.	28/07/26

Summary of areas for Priority Action	Date identified
We found a risk of poor outcomes for people due to inconsistencies in the oversight of the service.	28/07/26

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