Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Wilbury House Limited

Kington

01544239074

The inspection visits for this service took place between 09/03/2026 and 10/03/2026

Service Information:

Operated by:	Wilbury House Limited
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	Excellent
Care & Support	Good
Environment	Good
Leadership & Management	Good

Summary:

Wilbury House is a residential care home which provides personal care and support to people. It is homely and welcoming situated in pleasant grounds in a quiet, rural area.

People living at the service experience excellent well-being outcomes as they consistently have control over their lives and are treated with dignity and respect. We saw people relaxing in their environment and participating in meaningful activities. Family ties are encouraged and people's well-being is promoted.

Care and support is good. We saw person-centred care planning and the review of personal plans is completed frequently and with involvement of people and/or their representatives. People and their families expressed satisfaction with the quality of care provided.

The environment is good and promotes people's well-being outcomes by providing safe, clean and homely accommodation. The service provider currently has an ongoing programme of refurbishment and is continually making improvements to the environment.

Leadership and management is good. There is a dedicated and knowledgeable management team in place who support staff through formal and informal supervision. The Responsible Individual (RI) visits the service routinely and ensures effective governance and oversight.

Findings:

Well-being — Excellent

Well-being is excellent and people are happy with their care and support and have control over their lives. Care staff encourage people to have as much control over their day as possible and they receive support to understand their rights and entitlements. It is evident the service clearly promotes people's choices and autonomy and supports them to make day to day choices. For example, people choose which meals they would like, which activities to participate in and how to spend their time. There are meaningful activities available which are personalised to people's interests. Staffing levels consistently ensure people can access the community whenever they wish and receive high-quality, person-centred care. People enjoy a range of meaningful activities. During our visit, a person had just returned from an activity meaningful to them using the home's own vehicle. Care staff are enthusiastic when supporting people with community and in-house activities, which encourages participation.

People are treated with dignity and respect. They are supported to identify their well-being outcomes and encouraged to use and build on their strengths. During our visit, we spoke with people who told us they choose how to spend their day, and staff support them to do the things they want to do. We observed people being supported in a warm and compassionate way by staff who know them well. The majority of the staff team have worked at the service for a number of years and know people well. This ensures consistency of care and good quality support. People are involved in updating the décor of the service and their opinion sought about redecoration.

The service ensures a support system is available to promptly identify and address risks to people's well-being. The service encourages people to express their concerns and preferences. Regular meetings are held where people can discuss things that are important to them, what they would like to achieve and anything they would like to change about the service. There is a written guide which informs people about their rights and how to make a complaint if they wish.

People are supported to cultivate safe and healthy relationships. We were told people are welcome to have visitors at any time. Staff support people to keep in touch with family. People are involved in the recruitment of any potential new staff, promoting choice and decision making about who is involved in their care and support.

Care & Support — Good

Care and support is good and people are supported to achieve their personal outcomes through high quality, person-centred care. The provider conducts detailed assessments to ensure they can meet people's needs before offering a service. Personal plans are written based on these assessments and are thorough and detailed. There are corresponding risk assessments in place which are comprehensive. The service reviews personal plans and risk assessments regularly and involves people and their families in these reviews.

People are protected from harm and abuse. There is a strong approach to safeguarding within the service, and a culture of openness and honesty. All staff receive safeguarding training. Staff spoken with have a clear understanding of their role in safeguarding people and are knowledgeable in this area. The RI and management team continually seek ways to improve safety and identify where improvements are needed, this is openly shared with the staff team. We saw documentation evidencing people's rights to liberty are protected and safeguarded and if restrictive practices are needed these are kept to a minimum and agreed within a wider multi-disciplinary team.

Overall, medication is managed safely at the service. Medication is stored in a designated area, and thorough audits are completed frequently. We discussed with the RI and the manager of the service the need for medication to be stored in the original container in which it was dispensed. There is a medication policy in place, temperature checks are completed daily, and we saw a good history of these within the correct range. Staff receive training to ensure they are competent to administer medication and staff spoken with are very knowledgeable about their role and responsibilities in this area.

Infection prevention and control is prioritised within the service. The environment is clean and clutter free. There is good oversight in this area as thorough and regular audits are completed. Actions identified from these audits are completed within a clear timeframe. Information about the risk of infection is shared appropriately with people, visitors and external agencies. Staff receive training in infection prevention and control. We saw sufficient supplies of personal protective equipment within the service, and we saw staff use this proactively.

Environment

Good

People live in a good environment that meets their needs. People have access to communal and private spaces where they can spend time alone or socialise if they wish. There is a large communal lounge area on the ground floor along with a dining area. We were told people can eat their meals where they choose but they usually eat at the dining table. The environment is clean and free of clutter throughout. We saw people's bedrooms which afford privacy and are decorated and personalised to their individual tastes and preferences. There is a pleasant outdoor space people can access as they wish, and the manager told us of their plans to improve this area. There is outdoor seating at the front of the property where we were told people enjoy sitting surrounded by peaceful views. Confidential records and sensitive information are stored securely. People appeared relaxed and at ease within their environment and have contributed to decisions regarding the décor. Redecoration and improvements to the environment are ongoing, and during our visit we saw improvements being made to the kitchen.

People's care and support needs are met through safety management systems to minimise risks within the service. We saw records showing the regular servicing, maintenance and repairs of facilities ensuring the safety and well-being of people using the service. Daily, weekly and monthly checks are in place for health and safety, such as water temperatures and fire safety checks. The required health and safety certificates are in place to ensure the service complies with current legislation and national guidance. This includes certificates relating to fire, gas, electricity and water. The emergency lighting service is due to be completed; we are assured by the manager a date for completion will be arranged. A legionella water test has not yet been arranged; we discussed the need for this with the manager who agreed to organise this.

Effective security arrangements are in place to protect people while safeguarding their rights, privacy and dignity. There is secure entry to the service and a visitor's book is maintained to ensure a log of people accessing the building is maintained along with complying with fire regulations. Each person has an evacuation plan, which can be accessed quickly and easily. Records show that care staff carry out very frequent fire drills.

Leadership & Management — Good

Leadership and management of the service is good and there is effective oversight and governance by the RI, who visits the service regularly. They work closely with and are supported by a committed, knowledgeable and experienced manager. They regularly speak to people, families and staff to gather feedback about the service. This identifies any required improvements which are then acted upon promptly. This information is used to inform regulatory reports completed by the RI which are comprehensive and informative. The management team completes regular audits in a wide range of areas and ensure any required improvements raised are actioned. There are comprehensive and relevant policies and procedures in place which are reviewed regularly. Staff spoken with told us they can access these whenever they needed to.

People are supported by staff who have the necessary expertise, skills and qualifications to meet people's care and support needs. Required recruitment and background checks are completed with staff prior to them being offered a job. Routine checks are completed to ensure staff remain suitably fit to work. Staff complete induction training along with a range of training to equip them with the knowledge and skills required to fulfil their role effectively. Staff training compliance is lower than required at present. This was discussed with the RI and the manager who agreed to ensure staff training compliance improves imminently. All eligible staff are registered with Social Care Wales (SCW), the workforce regulator.

Staff told us they feel very supported by the management team and spoke of a family-like ethos amongst the staff team. The manager works closely with staff and supports them through formal and informal supervision. A staff member spoken with told us, *"I feel supported, we are a very close-knit team, it would be hard to find a better place to work."* Team meetings are held and staff told us these are two-way conversations and they are given the opportunity to discuss matters important to them. Appraisals are not completed within regulatory timeframes; we discussed this with the RI and Manager who agreed to ensure these are completed annually.

The service provider has oversight of financial arrangements and investment in the service. Refurbishment of the service is ongoing, and projects are either planned or in progress. The management team told us that staffing levels are kept under review as people's needs change. On the day of inspection, staffing levels appeared appropriate and staff had time to attend to people's needs.

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.