Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Apley Lodge Residential Home

Apley Lodge Residential Home, 1-3, Apley Terrace, Pembroke Dock, SA72 6HJ

01646682926

The inspection visit took place on 24/08/2026

Service Information:

Operated by:	Safe Haven Care Ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care and support for people living with dementia, Care and support for people requiring short-breaks or respite care, Care and support for people with a learning disability, Care and support for people with a physical disability, Care and support for people with mental health needs
Registered places:	24
Main language(s):	English
Promotion of Welsh language and culture:	The provider is not promoting the Welsh language and culture needs of people, and this requires improvement.

Ratings:

Well-being	Good
Care & Support	Requires Improvement
Environment	Requires Improvement
Leadership & Management	Requires Improvement

Summary:

Well-being is rated good as people experience positive well-being outcomes. They benefit from caring relationships with care staff who know them well, promote independence and provide opportunities for meaningful engagement. People appear comfortable, settled and receive support to maintain relationships with those important to them.

Care and support is rated as requires improvement because care planning, record keeping, medication management and risk oversight do not consistently demonstrate people receive safe, effective and person-centred care in line with their assessed needs.

Environment is rated as requires improvement because environmental oversight and fire safety arrangements are not consistently effective in identifying, monitoring and responding to risks, reducing assurance that people are protected from harm.

Leadership and management is rated as requiring improvement because governance, quality assurance, regulatory oversight and workforce monitoring arrangements are not consistently effective in identifying concerns, driving improvement and ensuring compliance.

Findings:

Well-being — Good

People experience positive well-being outcomes because they receive support from care staff who know them well and promote their well-being. Feedback from people, relatives and professionals is largely positive. During inspection people appeared relaxed, comfortable and settled within the home. We observed warm, caring and respectful interactions throughout the inspection. Care staff demonstrate a good understanding of people's preferences, routines and life histories, helping to create positive relationships and a welcoming atmosphere. We observed people who appeared confident in approaching care staff to seek support when required. We saw care staff engaging with people in a patient and friendly manner, taking time to provide reassurance, encouragement and companionship throughout the day.

People are supported to maintain their independence, make choices and remain connected to what is important to them. Care staff demonstrate an understanding of people's abilities as well as their support needs and encourage people to maintain daily living skills wherever possible. Care records show a focus on promoting independence. Family members tell us they are welcomed into the home and can visit regularly. People remain connected with those important to them and the service promotes an open and inclusive culture. Throughout inspection, we observed people making choices about how they spend their time, where they wish to sit and engage, and their day-to-day routines.

People benefit from opportunities for meaningful occupation and social engagement. Activities take place within the home and feedback regarding activity provision is overwhelmingly positive. People spoke positively about the activities available, and we saw evidence of organised events and outside entertainment. In particular, the activities coordinator is highly regarded by people, relatives and staff, and is consistently identified as a strength of the service. We observed positive engagement and enthusiasm around activities, demonstrating the contribution they make to people's quality of life and overall well-being. The activity programme provides opportunities for social interaction, enjoyment and stimulation, helping people maintain interests and reduce the risk of social isolation.

There are opportunities to further enhance people's experiences and well-being. Some relatives told us people would benefit from increased opportunities to access the community and make greater use of outdoor spaces. We found the garden was not fully accessible for people with mobility difficulties and is not routinely used by all living at the service. The importance of

accessibility was discussed with the responsible individual.

Care & Support — Requires Improvement

People benefit from caring and positive relationships with care staff who know them well and understand their needs. Feedback from people, relatives and professionals regarding the care staff is overwhelmingly positive. People describe them as kind, supportive and approachable, with comments including "*Lovely carers."* During inspection, people appeared comfortable in the presence of care staff who demonstrated a good understanding of people's routines, preferences and support needs. There is evidence of staff promoting independence through encouragement and support with daily living skills.

People's needs and risks are generally identified; however, personal planning is not consistently comprehensive or person-centred. Whilst some records provide assurance of assessed needs being reflected in care planning, gaps are identified within others. We found examples where there are no dedicated plans to guide care staff in areas such as communication and medication support. During inspection we found people's personal plans do not always reflect current practice and contain inconsistencies relating to healthcare information and decision-making arrangements. This limits assurance care staff have access to accurate and up-to-date information to support people safely and consistently.

Recording systems do not consistently demonstrate people's assessed needs are being met. Personal plans identify support needs relating to personal care, continence and oral health; however, daily records are incomplete and cannot be relied upon.

People are supported to manage risks; however, oversight of risk management is not consistently effective. Significant risks, including falls, mobility difficulties and cognitive impairment, are identified and measures are implemented to reduce harm. However, falls documentation is incomplete and there is limited evidence of analysis, evaluation of interventions or learning from incidents. Professional involvement is referenced throughout records, but supporting documentation is not always available to demonstrate recommendations, actions taken or outcomes achieved.

Medication management and oversight require improvement. We identified concerns relating to controlled drug records, stock discrepancies, medication administration records, missing signatures, handwritten entries, storage and temperature monitoring arrangements. These findings reduce assurance that medicines are managed safely.

Outcomes for people require improvement because care planning, recording, medication

management, risk oversight and review processes do not consistently demonstrate people receive safe, effective and person-centred care. Whilst people benefit from positive relationships with care staff and there is evidence of caring practice, we expect the provider to make improvements in these areas.

Environment — Requires Improvement

People live in a clean, comfortable and welcoming environment which supports their well-being. Investment has been made to improve the home, particularly through the refurbishment of downstairs communal areas. During inspection we observed a clean and homely environment, with comfortable communal spaces available for people to enjoy. People appear relaxed within their surroundings and relatives speak positively about the overall atmosphere of the home.
Systems are in place to monitor the safety and suitability of the environment; however, they are not consistently effective. Outcomes for people require improvement because environmental oversight arrangements do not consistently identify and address concerns.

During inspection, we identified several fire safety concerns which had not been recognised through routine monitoring processes, including fire doors not closing fully into their frames when released. These findings reduce assurance that environmental risks are being effectively identified and managed. Fire safety arrangements also require strengthening. We are unable to obtain sufficient assurance that fire safety systems are being routinely reviewed and evaluated and that the fire risk assessment is comprehensive. Records available during inspection do not demonstrate regular fire drills or ongoing review of emergency evacuation arrangements. Given many people living at the service would require assistance to evacuate in an emergency, robust fire safety arrangements are essential. During the inspection, we identified several fire safety concerns which had not been recognised through routine monitoring processes. These findings reduce assurance that environmental risks are being effectively identified and managed.

The outdoor environment is not fully accessible for people with mobility difficulties, which limits opportunities for some individuals to independently access and enjoy the garden. Whilst plans are in place to improve accessibility, feedback from relatives and care staff suggests that many people living at the service do not routinely use the outdoor areas. During the inspection, our observations were consistent with this feedback. As access to outdoor space can support well-being, independence and social engagement, we expect the provider to continue progressing plans to improve accessibility and maximise opportunities for people to benefit from the outdoor environment.

Outcomes for people require improvement because fire safety management and environmental oversight arrangements are not consistently effective in identifying, monitoring and responding to risks. Whilst the home is clean, welcoming and benefits from significant investment, we expect the provider to make improvements in these areas.

Leadership & Management Requires Improvement

Leaders promote a positive culture and support care staff to provide care and support to people. Care staff mostly speak positively about management, describing managers as approachable, responsive and visible within the service. Care staff told us they feel listened to, can raise concerns and understand safeguarding procedures and escalation processes. Positive feedback includes comments such as, "*Support from management is good as gold."* Care staff also describe positive working relationships and effective teamwork, demonstrating a culture where they feel supported to carry out their roles and provide care for people living at the service.

Systems are in place to monitor and improve the quality of the service; however, these are not consistently effective. Governance arrangements include medication audits, care plan audits, team meetings, supervision processes and complaints monitoring, but cannot be relied upon to be effective. Managers demonstrate a commitment to developing the service through refurbishment projects and ongoing investment in the environment. However, outcomes for people require improvement because quality assurance systems do not consistently identify concerns affecting the quality and safety of care. Audits in key areas, such as medication and care and support fall short of the expected standard, impacting on the risk to people receiving a service.

Governance information is not always used effectively to evaluate performance and drive improvement. The responsible individual (RI) has a regulatory duty to visit the service and report their findings to the provider. The reports were not made available to us when requested, limiting assurance regarding RI oversight of the service. Complaint records do not consistently demonstrate investigation outcomes, actions taken, whether complaints are upheld or how learning has informed service improvement. As a result, opportunities for organisational learning, trend analysis and service development are not always maximised. These findings limit the provider's ability to obtain accurate assurance about the supervision and management of the service, quality-of-care people receive and effectively drive sustained improvement. We expect the provider to make improvements in these areas.

Oversight of legal and regulatory responsibilities requires strengthening. Whilst systems are in place to monitor Deprivation of Liberty Safeguards (DoLS), records do not consistently contain key information such as application, authorisation and expiry dates. As a result, effective oversight of people subject to DoLS authorisations cannot be readily demonstrated, reducing assurance that legal safeguards are being effectively monitored.

Workforce monitoring arrangements are not consistently effective. Care staff value the support they receive from managers and describe positive team working. However, supervision arrangements are not consistently delivered in line with the provider's expectations, and some staff experience significant gaps between supervision sessions. Care staff and relatives also raise concerns about staffing pressures and the impact this has on activities and engagement opportunities.

Overall, outcomes for people require improvement because governance, quality assurance, regulatory oversight and workforce monitoring arrangements are not consistently effective in identifying risks, driving improvement and ensuring compliance. Whilst leaders are visible, supportive and well regarded, we expect the provider to make improvements in these areas.

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
People are placed at risk because the provider cannot demonstrate that fire safety arrangements are effectively managed. Deficiencies in fire safety systems, monitoring and emergency preparedness reduce assurance that people would be adequately protected in the event of a fire. People's wellbeing and quality of life may also be impacted as barriers to accessing outdoor spaces limit opportunities for independence, social engagement and recreation.	24/08/26
The Responsible Individual's oversight of the service has not provided sufficient assurance that management systems are operating effectively. Shortfalls identified during inspection had not been recognised through existing governance arrangements, increasing the risk that issues affecting the quality, safety and effectiveness of the service may remain unaddressed and negatively impact outcomes for people living at the home.	24/08/26
People are potentially placed at risk because the provider cannot consistently demonstrate that care is planned, delivered, monitored and reviewed in line with individuals' assessed needs. Significant gaps in care planning, poor care recording, limited oversight of falls, insufficient capacity and consent documentation, and medication management failures reduce assurance that people receive safe, consistent and person-centred care.	24/08/26

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

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