Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Cae Glas

82 Vale Street, Denbigh, LL16 3BW

01745812881

www.potens-uk.com

The inspection visit took place on 21/07/2026

Service Information:

Operated by:	Potensial Ltd
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with nursing, Care home for adults - with personal care, Provision for mental health
Registered places:	25
Main language(s):	English
Promotion of Welsh language and culture:	The provider promotes, anticipates, identifies, and meets the Welsh language and culture needs of people.

Ratings:

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

Summary:

Cae Glas provides nursing care and support to adults with mental health needs. The three-story home is on the main street of Denbigh town, so people have easy access to shops, cafes and pubs.

Wellbeing is good because people live a safe and healthy life, doing things they choose to do. They are supported to be independent and achieve their wellbeing outcomes.

Care and support require improvement. People praise the quality of care and level of freedom they have living in the home; they are particularly impressed with the support staff who they describe as genuinely caring and kind. However, medication administration practices do not comply with regulatory guidance; a qualified witness is required to evidence the administration of certain drugs, and this does not happen. This is an area for improvement.

The environment is good. The provider has invested in the building, making bedrooms larger and including en-suite shower rooms in all of them. The dining room has been redecorated and there are plans to improve other areas.

Leadership is good. The RI (responsible individual for the service) has a range of systems in place to ensure continued monitoring of the service. They know what is working well and where improvements need to be made.

Findings:

Well-being — Good

People live healthily and safely and have control over their lives. Their preferences are sought when they are assessed prior to admission and on an ongoing basis through care planning and reviews. One care plan records how a resident does not want 2 hourly, nightly checks. The management team have meetings with residents where they encourage them to express their views on matters such as food, activities and the home**.** The service also gains views through the use of surveys and one to one conversation daily. One person shared how they are vegetarian and the chef accommodates this well. People shared how they choose their own daily routines and times of daily activities. The services newly developed café bar allows people to take breakfast at any time over the morning, choosing their own meal and preparing it independently if they are able.

Staff expressed their occasional frustration that people are reluctant to engage in activities. There is no designated activities co-ordinator at present, so support staff try to arrange meaningful activities and carry out their role as a support worker simultaneously. The chef enjoys arranging food events to celebrate days of significance such as Halloween, pride week, birthdays and holidays and also to sample international cuisine. The manager is currently reviewing activities, soliciting views on what people want to do so resources can be more effectively utilised.

People are safe and protected in the home as staff are all trained on safeguarding of vulnerable people. We heard people speaking openly to the manager about their issues, evidencing they feel comfortable to do so. An advocacy service is available to people. Records show any decisions to reduce a person's liberty have been made on the basis of a multi disciplinary decision and proper approval from the authority.

The service supports and encourages people to maintain relationships with their friends and family. There is private space in the home to meet with friends and they are free to go out to local cafes, pubs and leisure facilities. Events are arranged with others in the community, such as pool competitions and watching football competitions. The service strongly promotes anti racism; we saw a notice board with easy read information on the matter and learned how police had visited the home to inform residents racism is a crime.

The provider has invested in the accommodation to improve facilities for people living here. Bedrooms are bigger and all have en suite. There is a development plan for home which promises further refurbishment.

Care & Support — Requires Improvement

People receive the quality of care needed to help them achieve their outcomes. Care plans are person centred and clearly identify people's preferences regarding how they are to be supported. Positive risk taking is supported by risk management strategies; care plans identify people's strengths and highlight potential hazards, detailing the actions to be taken by staff supporting them. Plans show health needs are monitored and associated appointments attended. We saw reference to psychiatric support, physiotherapy, occupational therapy and speech and language team. The management team have designated mouth care champions and ensured a mouthcare assessment for each person. People told us they are happy with their care. One person said, *'there is more freedom here'* and, *'they're really good staff here'.* Another person reiterated, *'it's far better here, more open and lots more freedom'.* The home has a Welsh language champion. We saw a poster board devoted to Welsh language, such as regular phrases and greetings, and the chef confirmed how the home celebrates important days in the Welsh cultural calendar with typical Welsh baked goods and other food.

People are safeguarded by the service provider's policies and staff knowledge about adult protection and abuse. The management team require all staff to have the All Wales safeguarding procedure app on their mobile devices.

Medication practices require improvement. There are lockable cabinets in each bedroom and the templates for plans towards independence in self-medication have been designed. Correct procedures dictate the administration of certain drugs must be witnessed by two signatories and this is not currently the case. Drugs are counted by a second nurse daily when they come on duty, so balances are checked and audits are regularly completed but the second nurse is not present when drugs are administered. Outcomes for people require improvement because current arrangements for administering drugs put people at risk, and we expect the provider to make improvements.

There are infection control policies and processes in place and staff have received training in handwashing. We saw handwashing information in the home and records show there is infection prevention training for all staff.

Environment

Good

People live in an environment that meets their needs. It is well maintained and we saw considerable investment has been made to the layout of the building, particularly in bedrooms and en suites; these are now more spacious and promote people's privacy and dignity more effectively. There are various rooms for people to spend their time, depending on what they want to do, whether they want to play pool or watch television or partake in arts and crafts.

The dining room is inviting and spacious, background music and ambient lighting enhance the dining experience. A separate kitchenette allows people to prepare their own drinks, breakfast and snacks independently whenever they choose. A fridge is well stocked with popular canned drinks.

Records show compliance tests are up to date for electrics, gas, water, fire safety, lifts, and equipment to ensure continued safety. A maintenance log shows any identified repairs are dealt with swiftly. Weekly fire tests are carried out to make sure fire safety arrangements are

There is room for people to sit outside and socialise with each other and take barbeques in the Summer.

Leadership & Management — Good

People are supported to achieve their outcomes because the service provider has effective arrangements in place to ensure quality care is provided. The RI (responsible individual for the service) has various arrangements in place to ensure they maintain good oversight of the services. Audits are completed by the management team, and the RI visits the home every three months to carry out checks of their own. They speak with people using the service and with staff, check records and audits that have been completed. Reports are completed detailing findings of the visit and any changes that need to be made. The RI also completes a biannual quality of care review of the service, evaluating all the information collated throughout the previous six months, feedback received about the service, the condition of the building, developments and areas for further improvement. There is a clear plan of action for proposed changes.

Support staff are carefully selected to ensure they are suitable for the role. They are thoroughly vetted and undergo an induction period including mandatory training and familiarising themselves with the policies and procedures of the home. Staff shared how they feel very supported and valued. There are monthly recognition schemes for staff and long service rewards. The provider has an employee assistance programme, and each staff has an employee wellness plan. Staff know their rights, what support is available to them and how to get this.

Staff told us their skills are recognised and shared with other services in the organisation. The chef has had opportunities to develop. He feels trusted as he runs his own budget and purchases the best local produce. His ideas are listened to, so he feels valued. The service supports charities such as Mind and Mc Millan cancer support and fund-raising ideas are fully considered. Staff said they find the manager very approachable and very understanding. One staff member said *'the manager goes out her way to make sure we are happy. I needed support for personal matter recently and she was lovely. I felt loved.'*

Another staff said, '*I always love coming to work. I am so grateful managers are always happy to support me'.* They were particularly pleased when the manager agreed with a suggestion they made recently and asked her to lead on this; *'we have opportunities to develop'.* Staff confirmed they have regular supervision sessions during which work and career are discussed. They appreciate the extra day off per year to celebrate their own birthday.

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 not protected by safe, robust medication administration processes.	21/07/26

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

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