Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

The Daffodils Care Home

The Daffodils Care Home, 14 Dynevor Street, Merthyr Tydfil, CF48 1AY

01685386745

https://www.hc-one.co.uk

The inspection visits for this service took place between 05/05/2026 and 07/05/2026

Service Information:

Operated by:	HC-One Limited
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for mental health
Registered places:	30
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	Requires Improvement

Summary:

The Daffodils is a care home situated in the town of Merthyr Tydfil, providing care and support for up to 30 People.

People's well-being outcomes are good. They are supported to make informed choices about their daily routines and are actively consulted regarding their care and support, promoting independence and confidence. The environment is welcoming and comfortable, and care staff provide effective support. Safeguarding arrangements are robust, ensuring people feel safe, respected, and valued.

People are satisfied with the care and support provided. The service benefits from an established team of care staff, ensuring good continuity of care. People have appropriate access to healthcare professionals, and medicines are administered in line with prescribers' recommendations. Improvements are required to ensure care documentation is consistently clear and reflective of people's needs.

The environment is of a good standard. It is secure, well maintained, and supports people's comfort and safety. A rolling programme of maintenance and repairs is in place, ensuring that the premises, utilities, and equipment remain safe and fit for purpose. Communal areas are clean, comfortable,

and welcoming, and people are encouraged to personalise their rooms in accordance with their preferences.

There have been significant changes within the management structure over the past six months, including the appointment of a new Responsible Individual (RI) and manager. Care staff report that they enjoy working at the service and feel supported by the manager. Staff receive training relevant to the needs of the people they support. However, improvements are required to ensure complaints are investigated and responded to in line with the service's complaints policy.

Findings:

Well-being — Good

People are supported to make choices in their daily lives. We observed people deciding where they spend their time and with whom they engage. A varied and nutritious selection of meals is available, offering people meaningful choice. During our observation of the lunchtime experience, we saw people were able to sit where they preferred. Staff provided options for meals, desserts, and drinks, promoting independence and choice. The food appeared appetising, and people we spoke with confirmed they enjoyed it. When asked about activities, some people told us there had been limited provision recently. This was discussed with the management team, who advised a new activities coordinator has recently been recruited and is in the process of developing a structured programme of activities for people to take part in.

People's well-being is promoted through positive and meaningful relationships with care staff. People we spoke with described staff as kind, considerate, and caring. One person commented, *"The staff are lovely, they all want to help you,"* while another stated, *"The staff are great, they are easy to talk to, they do a good job."* During the inspection of The Daffodils, we observed consistently positive interactions between staff and the people they support. It was evident that staff and people share a genuine rapport, fostering an environment of trust, empathy, and understanding.

There are arrangements in place to support people to remain safe and protected from harm and abuse. A safeguarding policy is in place, which is aligned with the Wales Safeguarding Procedures. Care staff receive appropriate safeguarding training to enable them to recognise and respond to potential concerns. Staff we spoke with demonstrated a clear understanding of their safeguarding responsibilities and were knowledgeable about the procedures for reporting any concerns.

The service supports people to maintain contact with family and friends. They are supported to preserve and develop existing relationships with those who are important to them, as far as possible. There are no restrictions on visits, allowing family and friends to see people at times that suit them. Contact is further encouraged through phone calls, and people have access to Wi-Fi. Where required, staff help people to use devices such as smartphones so they can contact their loved ones.

People are supported in accommodation that is appropriate to their needs and promotes their overall well-being. Bedrooms are personalised with items of individual choice and are suitably furnished to meet people's requirements. Relevant health and safety checks are carried out to ensure a safe environment is maintained. Staff use Personal Protective Equipment (PPE) in line with infection prevention and control guidance, and a signing-in procedure is in place to monitor

access to and from the premises. Overall, the service is clean, well-maintained, clutter-free, and comfortable throughout.

Care & Support — Requires Improvement

The service provides appropriate support to ensure people's health needs are effectively met. All appointments and relevant medical correspondence are clearly recorded within people's personal plans. Medication management systems are safe. Medication is stored securely and access is restricted to authorised personnel. Records reviewed indicate people receive their medication as prescribed and at the correct times. However, the recording of outcomes following the administration of 'as required' (PRN) medication would benefit from greater consistency to ensure effectiveness is fully monitored. Care staff receive appropriate training in medication administration and have their competency assessed regularly. The service has a medication policy aligned with current best practice guidance, supporting safe and effective procedures. In addition, regular medication audits are undertaken to identify and address any issues promptly.

The quality of practical care and support provided is good. The service benefits from a low staff turnover, which promotes continuity of care for people. Care staff demonstrate a strong understanding of the people they support, including their needs, preferences, and daily routines. Observations during the inspection showed staff delivering care with warmth, respect, and kindness. People's care and support needs are recorded within personal plans, which are maintained using an electronic care planning system accessible to staff via handheld devices. However, a review of a sample of these plans identified they do not consistently contain sufficient detail regarding the care and support required, nor do they always provide clear guidance on managing associated risks. This has been identified as an ongoing issue across consecutive inspections. The management team were informed that this remains an area requiring improvement which we would expect to be addressed without delay.

Infection prevention and control arrangements are well managed, with appropriate measures in place to minimise risks. Staff have access to suitable personal protective equipment (PPE) and use it appropriately. An infection control policy is in place, providing clear guidance for staff on managing outbreaks and protecting people. The domestic team adheres to comprehensive cleaning schedules, and laundry processes are designed to reduce the risk of cross-contamination and maintain a hygienic environment.

Environment

Good

The environment is suitable for meeting people's needs. The home is set over two floors with lift access to the upper floor, supporting accessibility throughout. People have access to a range of communal areas, alongside the privacy of their own bedrooms. We observed people can move freely between their bedrooms and communal spaces in accordance with their preferences. Bedrooms can be personalised, helping to promote a homely and familiar environment. Communal areas are well maintained, with good quality furnishings and décor. Corridors are clear of clutter, supporting safe and easy navigation. There are sufficient bathroom facilities available all of which are well-maintained and are equipped with specialist moving and handling equipment for people who require it. There is a garden area with seating that people can access if they choose.

The service demonstrates a clear commitment to maintaining the premises and associated equipment to a high standard. Evidence shows that routine servicing of essential utilities, including electricity and gas, is carried out by qualified external contractors. In addition, specialist equipment such as lifts and manual handling aids is maintained and serviced in accordance with the manufacturers' recommendations, ensuring ongoing safety and reliability

Effective and well-managed fire safety arrangements are in place to protect people. Records confirm fire alarm systems are tested regularly and a current fire risk assessment is maintained. Each person living in the home has an individualised Personal Emergency Evacuation Plan (PEEP) tailored to their specific support needs. Routine fire drills are held to ensure staff are well-prepared to respond appropriately in the event of an emergency.

Standards of hygiene and cleanliness are consistently good. Domestic staff adhere to a structured cleaning schedule to ensure the environment remains clean and well-maintained. The kitchen has been awarded a Food Standards Agency rating of four, indicating a strong level of food hygiene. Laundry facilities are appropriate for the size of the home, and there is an adequate supply of cleaning products, which are stored safely in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

Appropriate security arrangements are in place to safeguard people. The premises are secure, helping to prevent unauthorised access. Visitors are required to report their arrival, and staff ensure all visitors sign in and out of the building, maintaining a clear record of those on the premises at any given time.

Leadership & Management Requires Improvement

The service has experienced significant changes within the past six months, including the appointment of a new Responsible Individual (RI) and manager. As a result, established governance and quality assurance processes have been disrupted. Care staff have not consistently received the expected levels of formal support, and RI visits have not been undertaken at the required frequency. These matters were discussed with the management team, who acknowledged the impact of recent changes and provided assurance that work is underway to re-establish and strengthen these processes. The manager is responsible for the day-to-day operation of the service and is supported by a deputy manager and an area manager. We observed evidence that the manager undertakes regular audits, covering areas such as infection control, health and safety, medication management, and falls. These audits support the identification of patterns and trends and help ensure any issues are promptly addressed and appropriate action is taken.

People are supported by a staff team that possesses the appropriate skills and expertise to meet their individual needs. Staff receive a combination of training tailored to those needs, delivered through both online and face-to-face methods. Care staff reported that the quality of training provided is good, and records reviewed indicate staff are largely compliant with their training requirements. In addition, regular team meetings are held to discuss operational matters. The manager has also introduced group reflective practice sessions, enabling staff to explore matters relevant to their roles and responsibilities and reflect on how these impact their practice. This approach further reinforces the service's statutory training programme.

Care staff report they enjoy working at the service and feel well supported by the manager, describing them as *"lovely", "very approachable"* and *"supportive."* Staffing levels observed on the day of the inspection appeared sufficient. However, staff advised that staffing levels are not consistently adequate and that they can be particularly busy at certain times during the day. This was discussed with the management team, who confirmed they would review staffing levels to ensure they are appropriate. We reviewed a sample of staff personnel files and found some required regulatory information relating to recruitment was missing. The management team assured us that this would be addressed. We saw evidence staff are appropriately registered with Social Care Wales (SCW), the workforce regulator. Registration with SCW ensures staff are qualified, competent and adhere to a code of professional conduct.

Policies and procedures are in place to promote safe practice. We reviewed a range of policies, including those relating to safeguarding, medication, and complaints, and found that they are aligned with statutory requirements and best practice guidance. These policies are kept under regular review and updated as necessary. However, we identified evidence that complaints are not always managed in accordance with the service's policy. This was discussed with the management team and highlighted as an area requiring improvement. We would expect this issue to be

addressed by the next inspection.

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 did not identify any direct impact on individuals as a result of this breach of the regulation. However, it is essential that complaints are managed and responded to in accordance with the service's complaints policy to ensure concerns are addressed promptly, transparently, and in a manner that promotes confidence in the service.	05/05/26
We did not identify any impact on people due to a breach of this regulation. However, there is a risk people will not receive the required level of care and support if care plans and risk assessments are not sufficiently detailed.	23/04/25

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