



Rees House



3 & 5 Timothy Rees Close, Cardiff, CF5 2RH



02920400657

Date(s) of inspection visit(s): The inspection visits for this service took place between 13/08/2025 and 14/08/2025

Service Information:

Operated by:	Gofal Cymru Care Ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for learning disability, Provision for mental health
Registered places:	6
Main language(s):	English
Promotion of Welsh language and culture:	The service provider is not meeting the Welsh language and culture needs of people and this requires improvement.

Ratings:



Well-being

Good



Care & Support

Good



Environment

Good



Leadership & Management

Good

Summary:

Rees House Care Home is situated in a suburb of Cardiff which is close to local amenities and has good public transport links. Most people are happy and settled living at the service, and they receive continuity of care from an established care team. Since the last inspection we found an improvement in governance and quality monitoring. The responsible individual (RI) is continuing to strengthen how the service is managed and the effectiveness of their quality assurance processes.

We rate people's well-being as good because we saw improved outcomes for people in relation to their levels of activity. We rate care and support good because the service is meeting people's daily needs in-line with their personal plan. Since the last inspection, we found necessary improvements to the environment complete, with an on-going plan to make further changes to décor and communal areas. Therefore, we rate the environment as good. Governance oversight has improved since the last inspection. On balance, leadership and management is rated good. But due to some matters not being fully addressed since the last inspection there is an area for improvement relating to the management of training, competency and suitability of staff.

Findings:



Well-being

Good

People are protected from harm and abuse. Appropriate Deprivation of Liberty Safeguards (DoLs) are in place and care staff are aware of their responsibilities. The service provides care and support in the least restrictive way whilst keeping people safe, enabling people to be active and do things they enjoy. The RI is a regular visitor to the service and spends time with people and care staff. People take part in house meetings and can share their views, make suggestions and requests and keep up to date with what is happening in the home, such as plans for redecoration. The manager is available to people and care staff. Safeguarding policies are in place and over half of staff are up to date with the required training.

Communication needs are suitably met to ensure people and care staff can understand each other, and care staff know people very well. The service provider is working towards the Welsh Language Active offer and produces some bi-lingual documents. People at the service do not currently require a service in Welsh at the time of inspection.

People receive support to take part in meaningful activities. We saw activity levels increase for people since the last inspection. This continues to be a developing area for the service. Care staff document people's progress and include photographs within the personal plan review to capture goals and outcomes. Photographs showed people developing skills such as being supported to do tasks around the home, using public transport and enjoying day trips and concerts. The service has worked well to introduce new activities at a pace suitable to meet people's individual needs. The service has mechanisms in place to identify people's goals and well-being outcomes and encourages them to build on their strengths and build their confidence.

The service supports people to cultivate relationships with those who are important to them, and with those in the wider community. We saw some strong bonds between people, although they are all individuals who focus on their own activities, we observed moments where people connected and liked the same things at the same time. The home encourages social events with the other homes in the group where most people have lived for a long time and know each other and are comfortable together.



Care & Support

Good

The service completes an initial assessment with people. They consider information from other professionals and representatives where appropriate, prior to people moving into the service. The service considers compatibility, and the impact on other people already living there when a new person expresses an interest to move in. Management advised us service visits are arranged where new people spend time with care staff and others before they move in, but records of taster visits were not available to us at inspection.

Personal plans are strengths based and outline how care staff should support people to achieve daily outcomes. Plans capture people's likes, dislikes, emotional and physical health needs. The service completes quarterly reviews of the personal plan with people and gains feedback from representatives whenever possible. The service's behavioural specialist completes positive behavioural plans and risk assessments, which detail how to support people at times of distress. Care staff told us they would like to see the behavioural specialist spend more time at the service with people and be on hand to offer practical advice.

We saw people receive care from care staff who know them well. Daily outcomes are met in-line with people's personal plan. People's daily routines are followed such as personal care, activities of daily living and social activities. The service has recently invested in an electronic care log system. We observed improved daily records of hygiene routines, food, fluids, activities and sleep patterns for people. This is a developing area as management and care staff become use to the system. Visiting professionals told us they welcome this change in how records will be managed. We received mixed feedback from visiting professionals and representatives about how the service meets people's needs, and we shared their views with the RI.

People are referred for appropriate care and treatment some of the time. We observed records for appointments with GP services, specialist clinical appointments, and annual health checks. Care staff complete additional oral care training. The manager told us "*This has improved their awareness and vigilance on the importance of oral care*". But some professionals told us people have missed key health appointments. We discussed this with the RI and manager who are taking action to ensure health needs are effectively managed.

People safely receive medication following their personal plan, by trained staff. The service is training more care staff to complete the electronic medication recording chart as we found some discrepancies.



Environment

Good

The service operates between two adjoining properties, which are independently accessed. The smaller of the two properties is well-decorated and furnished with a homely feel. The larger of the two properties has less homely communal areas. We discussed the décor and clinical presentation of the property with the RI and manager. At the time of inspection, a redecoration plan was on-going, where the indoor and outdoor areas are being revitalised with some colour and warmth. Since the last inspection, the service has addressed the required environment improvements and replaced broken fixtures and fittings in people's bedrooms. They promptly re-worked the access to an en-suite to ensure people's privacy and dignity are maintained.

We saw people's bedrooms individually decorated and personalised. This varied depending on the person's ability to emotionally manage their environment. This means for some people the service is regularly replacing bedroom furniture due to damage. People have access to clean bedding, pillows, towels, and most were in good order.

Daily cleaning regimes are in place and the home in general is hygienic and free from obvious trip hazards. Some areas are locked to keep people safe, such as the medication room and people access the small kitchen with support. Control of Substances Hazardous to Health is well-managed and items are securely stored in the kitchen, which is accessed by key code.

Care staff complete regular monitoring of the environment and note items needing attention or repair. During our visit, we observed a few minor items not noted on the checklist. The RI was extremely quick to address them. The RI formally visits the home to assess the quality of the environment and document their findings. We found their records had noted many of the matters within the environment raised at inspection and a comprehensive action plan scheduling the work. Improved oversight of the environment means the provider is taking appropriate action when needed. This is a developing area for the service to maintain the standards expected by people, representatives and the regulator.

Records relating to the servicing and maintenance of facilities and utilities are up to date. Health and safety policies and the fire risk assessment are in date. On-going works are taking place to complete actions identified by the Fire Risk Assessor in-line with current fire safety requirements.



Leadership & Management

Good

There is a clear organisational structure, and the registered manager is available daily to people and care staff. The RI visits the service and speaks with people and staff. They consider the environment; safeguarding matters and they sample care documentation. Records of the RI visits are improved since the last inspection. The RI completes a six-monthly quality-of care -review to inform the provider of how the service is performing. The RI notes areas of strength but also areas of further development, such as the environment, personal plan reviews, training compliance and resources. The RI is continuing to strengthen their quality assurance processes and oversight of the management of the service.

There is good oversight of recruitment records. All staff have a current Disclosure and Barring Certificate (DBS) and those who are eligible are registered with Social Care Wales, the workforce regulator. Just over half of staff hold or are working towards a qualification relevant to their role. The training available to care staff is extensive and a good variety of on-line and classroom learning is provided. The manager has oversight of staff training. At the last inspection we advised we noted gaps in training and competency. Outcomes for people require improvement because at this inspection we found continued gaps in key core training topics, late or overdue staff supervision and overdue appraisals. Not all training and competency records are maintained to a sufficient standard. We found some care staff work excessive amounts of overtime. We expect the provider to make improvements.

Policies and procedures are kept under review and meet the needs of the service. Where there have been matters of concern or poor practice the provider has taken appropriate action. Care staff told us teamwork is a strength of the service and trust the leadership team to act on any concerns they have. On balance the rating for leadership and management is good because of the progress made in governance and quality assurance and the changes implemented at the time of inspection. The RI is taking appropriate action to address matters raised at inspection to further develop the service and ensure people's outcomes continue to improve.

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 could be at risk because the provider has been unable to sufficiently demonstrate that all staff maintain their skills, knowledge and competency at all times.	13/08/25

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

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