Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Glascoed Ltd

149 Conway Road, Colwyn Bay, LL29 7NA

01492533737

The inspection visit took place on 15/04/2026

Service Information:

Operated by:	Glascoed Residential Care Home Limited
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	10
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	Requires Improvement
Care & Support	Requires Significant Improvement
Environment	Requires Significant Improvement
Leadership & Management	Requires Significant Improvement

Summary:

Glascoed Residential Care Home Limited provides care without nursing to adults requiring personal care.

The service demonstrates strengths in staff compassion and people report feeling happy and well treated. However, the inspection identified some significant shortfalls. Wellbeing requires improvement because opportunities for people to engage in meaningful activities is limited.

Care and support require significant improvement because care planning documentation is infrequently reviewed, compromising accuracy of direction to staff, and important health communication is not available.

The environment requires significant improvement. Redecoration, renewal and repair is required and equipment is not safely stored to prevent obstruction and risks of trips and falls.

Leadership and management requires significant improvement. There is currently no manager. We identified shortfalls and evidence of poor outcomes. There is no review of the quality of care, and no evidence that ongoing competency of staff practice is being assessed. These issues limit

assurance that people consistently receive safe, high-quality care that meets statutory requirements and reflects the service's stated aims.

Findings:

Well-being — Requires Improvement

People have some choice and control within the home supported by sensitive staff responses, but they shared that sometimes there is little to do. They have their own books, puzzles and watch television but meaningful activities are not provided as described in the Statement of Purpose. Apart from occasional activities such as exercise with a ball and Bingo, occasional visits from a musical entertainer and summer evenings in the garden, there was little evidence of regularly planned, interest-based engagement. People only go for trips out if supported by their family to do so, limiting opportunities for them to maintain meaningful connections with their community. No activity planning or records were available, limiting assurance that people's wellbeing and independence are being actively promoted. Outcomes require improvement because people need meaningful, interesting activities to promote their wellbeing, and we expect the provider to make improvements.

People praised staff for their kindness and described a positive emotional experience of living at the home. They said they are treated well. Staff interactions observed were compassionate. They demonstrated respectful support that promoted privacy and dignity, particularly with personal care, and this supports protection from neglect and abuse. However, we identified risks within the environment that could impact safety, including mobility aids obstructing pathways to the dining table and an absence of adequate hand washing equipment in the communal bathroom. These issues highlight the need for more consistent monitoring to protect people from harm. There are no routine arrangements to support residents to share their views collectively, as residents' meetings do not take place. Surveys are used to gather feedback, with staff support where needed. Using an independent advocacy service would make this process more transparent.

People appeared settled and emotionally comfortable within the home. They are supported to express their identities in their dress, their religion and sports teams they support. One person reported enjoying a positive social atmosphere with staff and other residents. They said, *"Everyone is so friendly here. Nothing is too much trouble. I'm doing what I'd be doing at home, but I have a laugh here."* Visitors are welcomed including local clergy, who called to offer communion on the day of our inspection.

Many bedrooms are personalised with photographs and personal belongings, supporting identity and familiarity. External garden areas are well maintained and accessible, providing lots of space to sit out. However, the internal environment requires significant improvement. Several bedrooms and communal areas are dated and in need of repair and decoration. One room had inadequate sanitary arrangements and a décor the person found 'depressing'. Once alerted to the resident's view of their room, the RI (responsible individual) immediately offered an alternative with a functional ensuite.

Care & Support

Requires Significant Improvement

People receive the care and support they need to help achieve their recorded personal outcomes, but records are not always accurate and could be misleading. Outcomes are generic and repetitive, such as “maintain health and wellbeing,” and do not reflect individual aspirations or self-directed goals. Pre-admission assessments are present in care files, providing a basic understanding of individual needs prior to moving into the service. Risk assessments are in place. However, care plans are not reviewed in line with requirements. One had not been reviewed since August 2024, and another plan, dated August 2025, contained outdated information. Missing documentation such as district nurse’s notes and instructions, reduce assurance that health needs are being consistently monitored and reviewed.

The presence of kind, caring staff helps ensure people are protected from harm and abuse. Staff interactions observed demonstrated respectful, discreet practice, supporting dignity and protection from harm. People said they feel cared for and they can speak with visitors and staff if they have concerns. Staff are trained in safeguarding and know what to do if they have concerns. However, incomplete, inaccurate care records in some files and the lack of updated health information in one person’s care plan, reduces assurance that risks are consistently reviewed and managed. These omissions put people at risk of harm.

There are arrangements in place to help ensure medication is safely managed. A pharmacy-led medication audit identified recommendations, which were actioned. A staff-led medication audit was completed in March 2026, demonstrating monitoring arrangements. Staff are trained to administer medication, and records are kept. We found two unexplained gaps in the medication administration charts and found frequent competency checks of staff practice are not currently carried out.

Infection prevention practices require improvement. In their own audit, the RI identified some mattresses were marked and some pillows lacked protective covers, but no subsequent action was noted. On the day of the visit, no handwash soap was available in the ground floor communal bathroom, and fabric towels were used instead of paper towels, increasing infection risk.

Outcomes for people require significant improvement because people’s wellbeing is at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue..

Environment

Requires Significant Improvement

People live in an environment with well-maintained equipment and safety systems, but improvements are required to the aesthetics of the home and storage of aids, to enhance people's wellbeing. Records evidence safety systems and equipment are appropriately tested and serviced, including fire alarms, lifts, and electrical and gas checks. External garden areas are well maintained. However, internal communal and private areas require significant improvement. Walking aids stored in the living room created clutter and trip hazards. The living room is dated and in need of redecoration. Some bedrooms require repair, with broken drawers, missing handles, damaged doors and missing or faulty window coverings. A robust plan, including proposed dates for completion of actions such as repairing, redecorating and renewing parts of the environment is lacking. Outcomes for people require significant improvement because the condition of internal communal and private spaces does not consistently support people's comfort, dignity or independence. The provider must take immediate action to address these issue.

Leadership & Management

Requires Significant Improvement

Some staff have worked for the provider for many years and they spoke positively about leadership. One member of staff said: *"It's been fantastic working here. I couldn't ask for a better boss and staff. I feel really valued."* The RI is present daily so knows the people who live and work here very well.

There are arrangements in place to help ensure the provider has oversight, but these need significant improvement if they are to positively affect the quality of the service. We found policies have been reviewed. A schedule of audits is in place and records show these have been completed. Despite these regular audits, the RI has not identified key risks and shortfalls, including incomplete and inaccurate care documentation, incomplete evidence of safe staff recruitment, lack of staff training in moving and handling, improvements needed in the environment, inadequate infection prevention controls and continued competency checks with practices such as medication administration.

Surveys of people and relative's views on the service are not being completed as required; Relatives' surveys were last completed in February 2025. Quality of Care Review reports have not been completed, and this was identified as an area for improvement at the last inspection.

People at Glascoed are supported by staff who have received training in most areas necessary to meet their needs. We saw records and certificates evidencing knowledge in a range of relevant areas, although no record or certificates for moving and handing training. Competency checks are not carried out to ensure continued accuracy of knowledge and safe practice, particularly important in relation to safeguarding and medication administration. Personnel files could not evidence safe recruitment and vetting procedures. There were insufficient or no references in some files. The provider has accepted DBS (Disclosure and Barring Service) certificates requested by staff's previous employers instead of carrying out their own checks. The files held no information regarding staff registration with Social Care Wales. The RI was unable to provide evidence of their own up to date Disclosure and Barring Service (criminal records) check.

The registered manager has been absent for six months, and CIW was not notified, which represents a significant governance failure. The inspection has identified shortfalls in the leadership and management of the service. Outcomes for people require significant improvement because the RI has not demonstrated sufficient oversight of service compliance in several areas and has no manager to support them. This puts people at risk of poor outcomes, and we have therefore issued a priority action notice. The provider must take immediate action to address these issues.

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 sufficiently stimulated by the current activities arrangements to promote their wellbeing. An activities programme should be developed to ensure ongoing meaningful activities that reflect people's interests. Records should be kept of the activities provided, together with people's views of these activities, so as to ensure people's ongoing satisfaction.	15/04/26

Summary of areas for Priority Action	Date identified
The inspection has identified shortfalls in the leadership and management of the service resulting in non compliance in all themes. This puts people at risk of poor outcomes. All shortfalls must be addressed to ensure compliance, and steps taken to ensure improved management and oversight, including appointment including appointment of a manager.	15/04/26
The condition of internal communal and private spaces does not consistently support people's comfort, dignity or independence. A robust plan, including how tasks will be prioritised and proposed dates for completion of actions such as repairing, redecorating and renewing parts of the environment is required.	15/04/26
Inaccuracy, lack of completeness and omissions of important information in care planning and personal documentation reduces assurance that risks are consistently reviewed and managed. These shortfalls put people at risk of harm. care planning documentation must be kept up to date and accurate.	15/04/26
People cannot be certain the home is providing a safe, compliant and effective service that meets their wellbeing outcomes. A Quality of Care Review Report that meets the requirements of the regulations must be completed every six	27/06/24

months. The report must demonstrate the provider knows what the service does well and where it needs to improve.	

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