Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Shillings Care

Cardiff

07808580510

www.shillingscare.co.uk

The inspection visits for this service took place between 30/07/2026 and 21/08/2026

Service Information:

Operated by:	Shillings Care Limited
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Provision for learning disability, Provision for mental health
Registered places:	4
Main language(s):	English
Promotion of Welsh language and culture:	The provider makes an effort to promote the use of the Welsh language and culture or is working towards a bilingual service.

Ratings:

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

Summary:

The majority of people and relatives we spoke to gave positive feedback regarding Shillings care home. We saw evidence of involvement of external agencies to help with decision making and best interests, and there is evidence to show some outcomes are being achieved. But people's well-being requires improvement. This is because information available to people is sometimes incorrect and cannot be relied upon. There are limited activities evidenced as being offered or encouraged to enable people to engage with others, to support a sense of well-being.

People have personal plans in place which we saw are updated, when required. We saw people receive support from health professionals when needed and daily records show care and support is delivered in line with plans. However, we found improvements with medication management continue and this requires improvement.

The environment is clean. Relatives and professionals describe the service as homely and welcoming. Infection control is considered and there are some health and safety measures in place. However, we found oversight and audits of the environment failed to identify potential risks and improvements needed and this requires improvement.

There is a manager and Responsible Individual (RI) in place. Whilst we note the provider is responsive and has tried to seek external support to aid in quality, the provider has continued to fail to drive, embed and sustain improvements from previous inspections. Governance and oversight of quality is insufficient as the systems in place have failed to identify improvements and therefore systems cannot be relied upon as being accurate and effective. This requires significant improvement.

Findings:

Well-being — Requires Improvement

People have access to information regarding the service such as the Statement of Purpose (SoP). However, we found this document to be insufficient and inaccurate as it does not reflect the current service provision and therefore cannot be relied upon to inform people. We saw people are supported by the right professionals when needed who can support them with decision making, fostering choice and independence. We saw that plans include some basic outcomes for people in relation to their health needs and physical well-being. The quality-of-care review identifies some positive outcomes being achieved, but records need to be strengthened so care staff can consistently identify, record and review people's achievements and progress towards their goals and aspirations.

People can enjoy engaging with their relatives and most provided positive feedback regarding the service. We saw some people are regularly supported out into the community alongside relatives, doing the things they enjoy. Records show people enjoy watching tv and sitting in the garden. The RI told us people prefer to stay at home and often refuse activities and outings. There was limited evidence to show what activities are regularly offered or frequent opportunities to engage with the community. People at the service would benefit from increased deployment of staff to ensure they can reasonably do what they want, when they want. We saw people using the service come together at mealtimes. We saw staff prompt individuals who require additional support with meals in line with their plan.

People mostly appear content at the service, supported by care staff they know well. However, we found that governance and quality assurance systems do not consistently provide effective oversight of people’s well-being as they do not consider nor identify areas of improvement required. This could impact people’s well-being and potentially place them at risk, this requires improvement.

Care & Support — Requires Improvement

Personal plans are in place. These include important information about the person and their care and support. Important relatives' details and professionals' contact details are included, to ensure staff can contact the right people at the right time. There is a personalised 'About me document' in place which helps staff understand the person. There is a small team of consistent care staff who know people well. Risk assessments are in place to help reduce some areas of risk. Plans are regularly reviewed and we saw information is updated as needs change. We discussed, with the RI, ways to involve representatives to ensure views can be captured. Daily records evidence care and support is offered consistently in line with people's basic outcomes. This shows care and support is being provided in line with people's wishes. One relative described their loved one as *"Better than I've seen X for years,"* and *"Always looks well looked after."*

We saw the service contacts professionals when required, such as the GP, optician and dentist. Records show health professionals regularly visit the service to support people with health needs. Professionals gave positive feedback regarding the home, one said "*X appears happy and settled.".* Relatives told us there is good communication with updates regarding people's health and well-being. The medication administration record (MAR) chart has improved since the last inspection, with more detail to ensure staff have correct information so they can administer medication safely. However, we found the medication policy requires urgent review as it is incorrect, irrelevant and not reflective of the service. We found there was limited information within it to help guide care staff to manage and administer medication safely. 'When required' medication is recorded but this is not always in line with current guidance. Medication audits are in place but have not identified improvements required. This remains an area for improvement, and we expect the provider to make these improvements.

People are kept safe. People and relatives told us they could share concerns if they needed to. The RI is regularly visible at the home sometimes working as a carer providing support. The provider makes sure the building is safe and secure. Accidents and incidents are recorded, and professional advice and support is sought when required. We saw advocacy is in place in addition to 'The Friendly Trust' which supports adults at risk manage their money and finances. The RI and manager need to ensure they are appropriately informing Care Inspectorate Wales (CIW) when required to ensure support and advise is sought in a timely manner.

Environment

Requires Improvement

The home is warm and clean. There was a staff member actively cleaning on the day of inspection. Relatives and professionals comment the home is always clean, well-presented and inviting. The service has been inspected earlier this year by the Food Standards Agency and scored a five, meaning ‘very good’. Care staff ensure food is appropriately prepared and understand the requirements for specific temperature checks, these are well documented. We saw staff utilising Personal Protective Equipment (PPE) for cleaning and meal preparation, but staff sometimes lack in understanding how this should be used effectively. We observed a dining experience where all the residents came together for a meal. Care staff offered support to individuals who require prompting and supervision. We discussed with the RI the need to ensure a choice in meals is offered and these are varied and nutritious in line with the service’s Statement of Purpose.

Most personal bedrooms provide a private space for people, are clean and are decorated with some personal belonging and items. We discussed with the RI the need to consider people’s privacy and dignity in the layout of some bedrooms whilst considering the person’s risk and preferences. There is a lounge and kitchen with a dining area. A risk assessment is in place and considers the potential impact and hazards which may be caused by ongoing repairs and development works at the service. The rear of the property would benefit from some development to make it an inviting place people can relax and enjoy good weather.

People have a Personal Emergency Evacuation plan in place which describes how they would leave the building safely in the event of an emergency. Records show that regular checks are carried out to help maintain the health and safety of the service. We saw firefighting equipment, a sprinkler system and a fire risk assessment in place. Fire drills are carried out to ensure people know how to evacuate in the event of a fire. However, we found some areas that could pose a risk to people such as several combustible items covering the washing machine and tumble direr, substances that are hazardous not correctly and safely stored and a fire door being inappropriately wedged open. Audits and governance practices in place such as the ‘daily walk around’ document had failed to identify these potential hazards.

Leadership & Management

Requires Significant Improvement

People appear to get on with care staff they know well. One person told us they get along well with staff and relatives told us, "*Staff have been brilliant,"* "*Staff are really nice*," and "*Can't fault the staff they do everything*." Care staff told us they are happy at the service and feel well supported. We saw care staff receive regular supervision and training. The manager completes competency checks with staff to ensure their skills and knowledge is maintained. Care staff go through an induction booklet when they start in their roles, this covers good exercises such as role playing, so carers understand what it may feel like when being supported with a meal. Managers need to maintain improved oversight of care staff registration to ensure they remain registered with Social Care Wales, the workforce regulator.

The RI is regularly visible at the service alongside a manager who works two days a week. People, and care staff know who they are. The RI told us they have sought additional support from external services to aid in quality and compliance. Care staff are very consistent, but we found that rotas in place do not always reflect the staffing ratio stipulated within the Statement of Purpose, potentially placing people at risk. This is because at times people's needs may not be met in a timely way due to insufficient staffing. In addition, this could impact people's ability to enjoy one to one activity and access the community if they chose. The Statement of Purpose needs to be revised as there are incorrect sections within it.

Oversight systems to maintain quality such as auditing, fail to identify improvements required. We saw measures to maintain oversight such as auditing, a daily walk around document, RI visits and the Quality-of-Care review, but these have not enabled the RI to identify risks and required remedial improvements.
Whilst we note the service has implemented some improvements following previous inspections, these have been reactive responses and have failed to be embedded into the service and kept under continuous review. There is a lack of robust and proactive oversight to ensure improvements are quickly identified and actioned. Outcomes for people require significant improvement due to the lack of progress noted over several inspections and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

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's health and well-being could be impacted by poor medication practices	09/06/25

Summary of areas for Priority Action	Date identified
Ineffectual monitoring systems may impact the services ability to identify areas of risk for people and staff.	23/11/23

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