Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Willow Hall Residential Care Home limited

Willow Hall Residential Home, North Road, Caernarfon, LL55 1BA

01286672103

The inspection visit took place on 24/07/2026

Service Information:

Operated by:	WILLOW HALL RESIDENTIAL CARE HOME LIMITED
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	24
Main language(s):	Welsh
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	Good
Environment	Requires Significant Improvement
Leadership & Management	Requires Significant Improvement

Summary:

Willow Hall is located close to the centre of Caernarfon and is within reach of local amenities.

People's wellbeing requires improvement. The condition of parts of the environment does not consistently provide a safe, comfortable and dignified setting, and this has the potential to impact on people's quality of life and overall wellbeing. Despite these concerns, people benefit from positive and caring relationships with staff who know them well and understand their individual needs and preferences. Staff are committed to supporting people in a respectful and compassionate manner, helping to promote their wellbeing and maintain their independence wherever possible.

Care and support is good. People benefit from the input of a committed and dedicated staff team who know them well and understand their individual needs, preferences and routines. Medication is managed safely and effectively. Staff provide appropriate support that enables people to achieve and maintain their personal wellbeing outcomes as far as possible. Personal plans are

comprehensive, person-centred and provide clear guidance for staff on how to meet people's assessed needs.

The environment requires significant improvement. The premises are not maintained to a suitable standard and, in their current condition, do not consistently support the delivery of safe, dignified, person-centred care. We identified concerns relating to repair, maintenance and the overall upkeep of the home, which present potential risks to people's health, safety and wellbeing.

Leadership and management require significant improvement. The Responsible Individual (RI) has not established sufficiently robust governance and organisational arrangements to ensure the service is delivered with appropriate care, competence and skill, in accordance with the Statement of Purpose. Systems and processes are not effective in providing adequate oversight of the management, quality, safety and overall effectiveness of the service.

Findings:

Well-being — Requires Improvement

People do not always have full control over aspects of their day-to-day lives. However, people told us they feel cared for and supported by staff, whom they described as helpful and attentive. People said they are able to make choices about their daily routines, including deciding when to get up, go to bed, what clothes to wear, and what they would like to eat. We observed positive and respectful interactions between people living at the service and saw people spending time together in communal areas, promoting social engagement and inclusion. People have opportunities to participate in meaningful activities and experiences that support their wellbeing and quality of life. Despite these positive findings, there are insufficient bathing facilities available within the home. This limits people's ability to choose how and when they meet their personal care needs and do not fully support their independence, dignity, or personal preferences.

People's physical needs are being met. Care staff demonstrate a good knowledge and understanding of the people they support and their individual needs. We observed positive examples of people being encouraged and supported to manage aspects of their own health and wellbeing, promoting independence and choice. Medication is managed safely, and staff receive appropriate training in medication administration to support safe practice. Referrals to healthcare and other relevant professionals are made in a timely manner when required. Falls and weights are monitored by management, who told us since inspection, they are currently developing a management tool for better oversight.

People have a strong sense of belonging within the home and are supported to maintain meaningful relationships and connections. People told us that their views and opinions are listened to and respected by staff. However, one person told us they had been unable to visit a friend living on an upper floor due to the lift being out of service, which had impacted their ability to maintain this important social connection. People receive appropriate, healthy and nutritious meals and drinks. Meals are freshly prepared using locally sourced produce, and people are offered a varied choice of food. People are supported to make choices about what they eat and are able to request alternative options if they do not wish to have the meal provided on the menu.

People are living in a home that is not being adequately maintained, is not consistently safe, and does not reflect the facilities and standards described within the provider’s Statement of Purpose. While equipment is routinely serviced to ensure it remains safe for use, significant concerns were identified regarding the condition of the environment. Several areas of the home require refurbishment and improved cleaning, and there are insufficient fully functioning bathroom facilities to meet people's needs. Financial investment is required to ensure the environment meets the required standards and promotes people's wellbeing. In addition, the provider does not have a robust environmental audit system in place to effectively monitor, identify and address maintenance issues, resulting in a failure to maintain the home to an acceptable standard.

Care & Support — Good

People's needs are assessed and clearly reflected within detailed, personal plans. Personal plans include information about what is important to people, their preferences, interests, and how staff should support them. Personal plans are regularly reviewed and supported by risk assessments that promote people's independence while managing identified risks. Daily records demonstrate people receive care and support in line with their assessed needs. People's physical health is monitored appropriately, and they have timely access to relevant healthcare professionals. Referrals are made to GP's and other community health services when required, there is ongoing support provided by community nursing teams to help ensure people's health needs are met.

People are provided with a varied and nutritious diet, with plenty of food available to meet people's preferences and choices. People's nutritional needs are monitored, including monthly weight monitoring, and appropriate referrals are taken where concerns about weight loss is identified. The weight audit is currently being developed. Drinks and snacks are readily available throughout the day to support hydration and wellbeing. The service offers a range of meaningful activities tailored to people's interests and abilities, including arts and crafts, bingo, spa days, sing-alongs, bowling, and celebrations of special occasions such as birthdays. People are encouraged to participate in activities that promote social engagement and enjoyment. Menus are displayed within the home and provide a variety of meal options.

People are treated with dignity and respect and benefit from positive, meaningful interactions with staff, family, friends, and other professionals. We observed staff providing person-centred support, including assisting an individual to mobilise using clear, appropriately paced communication tailored to their needs. Staff engaged people in conversations about matters that were important to them, and Welsh was used routinely to support communication and promote people's language preferences.

Environment

Requires Significant Improvement

We identified significant concerns regarding the condition, maintenance, safety, and accessibility of the premises, which adversely affects residents' wellbeing, dignity, and access to facilities. At the time of inspection, only one communal shower was available on the ground floor, while a broken passenger lift prevented five residents from accessing bathing facilities. A first-floor bathroom was unavailable due to being used for storage. The environment was poorly maintained, with damaged décor, torn wallpaper, broken radiator covers, loose towel rails, and other fixtures requiring repair. Safety and security concerns included defective keypads to the laundry and medication rooms, missing window latches, a broken rear garden gate, and a detached handrail. Several of these issues have been outstanding for many months without remedial action.

Concerns relating to infection prevention and control were also identified. The kitchen lacked fly screens, a handwashing sink was unusable, and unsuitable laundry and cleaning arrangements remained in place despite having previously been identified by IP&C professionals. We were particularly concerned that ten fire doors had been identified as defective during an environmental audit in July 2026 and categorised as requiring urgent action, yet no repairs had been completed by the time of inspection. Overall, the volume of maintenance issues, the length of time defects have remained unresolved, and the absence of effective systems to monitor and complete repairs until after the inspection demonstrates inadequate provider oversight and quality assurance. We have issued a Priority Action Notice, and immediate action is required to ensure the premises are maintained in a safe, suitable, and good state of repair.

People are protected from unauthorised access to the home through effective security arrangements. Visitors are required to provide identification, and records of arrival and departure times are maintained. Confidential information is stored securely to protect people's privacy. Records confirm that servicing and maintenance of appliances and equipment are up to date, including fire safety systems, manual handling equipment, and electrical and gas installations. Staff complete regular fire safety training, supporting their ability to respond appropriately in an emergency. The home has also achieved a Food Hygiene Rating of 5 (Very Good), demonstrating high standards of food hygiene and food safety management.

Leadership & Management

Requires Significant Improvement

Arrangements to ensure the RI has effective oversight of the service require significant improvement. Current governance and monitoring processes have not been effective in identifying and addressing key areas of risk, resulting in negative impacts on several aspects of service delivery. Although audits are undertaken and records demonstrate these have been completed, they have failed to identify important concerns, including gaps in evidence relating to safe staff recruitment, the need for significant environmental improvements and investment, management of falls, and monitoring of weight loss. In addition, the provider failed to notify the regulator of the prolonged lift breakdown and has not ensured the Statement of Purpose has been updated to accurately reflect the current management arrangements within the service.

Surveys seeking the views of people using the service, relatives, and professionals are being completed as required. However, the Quality-of-Care Review report has not been completed, despite this being identified as an area requiring improvement at the previous inspection. While the RI visits the service and maintains a record of these visits, the reports do not meet the requirements of the regulations. Outcomes for people require significant improvement, as the RI has not demonstrated adequate oversight of regulatory compliance or sufficient assurance that the service is operating safely and effectively across several key areas. 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.

People are supported by staff who have now completed training in areas required to meet their individual needs. Management provides staff with access to a comprehensive programme of mandatory and role-specific training, supporting them to deliver safe and effective care. We observed a positive and supportive culture within the staff team, with staff working collaboratively to promote positive outcomes for people. Staffing rotas demonstrate appropriate numbers of care staff are deployed in line with the provider's Statement of Purpose and they receive regular supervisions.

The deputy manager has implemented systems to monitor Disclosure and Barring Service (DBS) clearances and Social Care Wales registrations, helping to ensure staff remain suitable to work with vulnerable adults. Regular staff meetings are held, providing opportunities to share information, discuss people's experiences, reflect on practice, and identify ways to further improve outcomes. However, recruitment practices require improvement. We found recruitment processes do not consistently ensure that satisfactory references are obtained and verified before staff commence employment. This shortfall does not provide sufficient assurance that all appropriate pre-employment checks have been completed to support the safe recruitment of staff.

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.

CIW has no areas for improvement identified following this inspection.

Summary of areas for Priority Action	Date identified
We are not assured that people's dignity, comfort, safety and wellbeing are being fully promoted. The condition of the environment and the significant number of unresolved maintenance issues means that residents are living in premises that were not suitably maintained. This places people at risk of harm and does not provide assurance that the service is meeting residents' needs in a safe, comfortable and dignified manner.	24/07/26
People are at risk of avoidable harm as they cannot be assured that the service is operating in a safe, effective or well-managed manner. The Responsible Individual has not demonstrated adequate oversight of the service, resulting in weaknesses in accountability, quality assurance and continuous improvement processes.	24/07/26

Mae’r adroddiad hwn hefyd ar gael yn Gymraeg

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