Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Dolywern

Dolywern Pontfadog, Llangollen, LL20 7AF

01691437002

The inspection visit took place on 04/08/2026

Service Information:

Operated by:	Hayes Healthcare Limited
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with nursing, Care home for adults - with personal care, Provision for learning disability
Registered places:	31
Main language(s):	Welsh and 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	Good
Care & Support	Good
Environment	Good
Leadership & Management	Good

Summary:

Dolywern Care Home provides accommodation and care for people with physical disabilities, learning disabilities, autism and nursing care needs. People experience positive outcomes and the service has made significant progress since previous inspections, with improvements evident across all inspection themes.

People have good well-being outcomes because they are treated with dignity and respect and have opportunities to influence decisions about their lives and the running of the service. They benefit from a calm, welcoming atmosphere, meaningful activities and improved access to outdoor spaces.

People receive good care and support from enough staff who know them well. Care planning, record keeping, safeguarding and medication arrangements have improved. Some records still need strengthening, but the manager is monitoring these areas and taking action to sustain progress.

The home provides a pleasant environment. People are involved in decoration plans and enjoy gardening, social events and community activities. Some environmental work remains outstanding, but this does not currently impact people's outcomes.

Governance and quality assurance systems are stronger. The registered manager, who is also the

newly proposed Responsible Individual (RI), is visible and staff feel supported. Thorough audits, practice observations and feedback systems help identify issues and drive improvement, although these arrangements need further embedding to demonstrate long term positive impact and sustained improvements across the service.

Findings:

Well-being — Good

People experience positive outcomes and have opportunities to make choices about their lives. The service has a calm, relaxed and welcoming atmosphere throughout. Staff greet people warmly and we saw positive interactions that promote people's dignity, privacy and choice. People spend time in communal areas or their own rooms according to their preferences. Records in the service show the manager's routine observations of care staff find good practice in respectful communication, promoting independence, and good nutrition and hydration support.

People influence decisions about their lives and the service. Resident meetings discuss mealtime experiences and menu choices, activities, staffing, bathroom cleanliness, confidentiality and re-decoration plans. People also make decisions about how the resident's charitable fund should be managed and used. Records show managers respond to concerns from people and their representatives, and review actions from previous meetings with them. The service supports people to exercise choice and retain control of their lives where possible. Care staff offer choices to people who have limited verbal communication and ensure decisions are made in line with legal requirements and best-interest processes when necessary.

Many people maintain community connections and take part in meaningful activities. Residents can attend weekly breakfasts in the local community, seaside and shopping trips, participate in fundraising activities and social events. The service supports people to retain links with local branches of national volunteer community groups and recently invited local members into the home for afternoon tea. People join gardening activities and help to grow vegetables in restored outdoor garden areas. Relatives told us staff support people to rebuild friendships, improve their nutrition and experience much less isolation, making a positive difference to their quality of life.

Staff recognise changes in people's health and seek professional advice. They refer people to relevant professionals in a timely way, and follow the advice given to ensure people's needs are met. People are supported to attend hospital and other appointments using the service vehicles.

People live in accommodation that meets their current needs. The home offers generous communal and private spaces where people can relax and socialise. The manager ensures suitable equipment is available to support people's changing needs.

Care & Support — Good

People receive care and support that meets their assessed needs. Personal plans give staff clear, detailed information about people's health conditions, communication, mobility, nutrition, personal care and emotional well-being. The plans we reviewed reflect individual circumstances and risks and set out clear guidance for how staff should support each person. For example, one personal plan explains how staff should communicate with a person by speaking slowly and allowing time for them to respond. Another describes how a person who does not use verbal communication can express choices through facial expressions, body language and vocalisations. A further plan sets out how staff should promote privacy, dignity and emotional well-being by knocking before entering the person's room, providing care in line with the person's preferences and offering reassurance.

Care staff use information from healthcare professionals to support safe and effective care. Records show referrals to physiotherapy, occupational therapy, speech and language therapy, dietetics, general practitioners and specialist services. Care staff act on professional advice and update support arrangements in personal plans when people's needs change. Examples include action taken following falls, changing nutritional needs and specialist recommendations linked to mobility and seating.

Records of care delivered in the service show people receive regular repositioning, nutritional monitoring, personal care support and healthcare interventions delivered in line with assessed needs. The manager conducts regular observations of care staff practice; records of observations show positive practice in communication, dignity, nutrition, hydration and moving and handling. Medication management arrangements have improved, and oversight processes are stronger.

Safeguarding arrangements have strengthened significantly. The service has addressed concerns identified at the previous inspection. Staff discuss their safeguarding responsibilities regularly in team meetings, and the manager reinforces expectations through staff supervision, competency checks and reflective learning. People have several ways to raise concerns, and the manager shows professional curiosity when issues emerge.

The manager continues to drive improvements in record keeping, identifying issues through audit processes and taking action to address them. While these recording matters require ongoing attention, we found people continue to receive care that meets their needs and promotes their well-being.

Environment

Good

People live in a pleasant and welcoming environment that supports their well-being. The home provides a range of communal and private spaces, allowing people to spend time where they feel most comfortable. During our visit, we saw people using lounges, the dining room, bedrooms and outdoor areas confidently and comfortably.

The most significant improvement is within the gardens and outdoor spaces. Areas that were previously difficult for people to access have been restored, maintained and reopened. Paths are clear, lawns are well kept and planting areas are actively used. Raised beds, vegetable gardens and the greenhouse provide opportunities for people to participate in gardening activities and enjoy spending time outdoors. Residents contribute to growing vegetables and flowers, helping to create meaningful opportunities for engagement and recreation.

People influence environmental decisions. Meeting records show residents discuss decoration, communal spaces and improvements they want to see in the home. The manager listens to these views and involves people in decisions such as wallpaper selection and future environmental developments.

Maintenance arrangements are effective. Staff monitor the environment through regular checks and act promptly when issues arise. We saw evidence of repairs being completed, maintenance concerns being escalated and contractors being engaged when required. Clinical waste and general waste storage areas are clean and tidy. Fire safety matters identified during external inspection are addressed and the manager maintains oversight of ongoing actions.

The environment supports social interaction and promotes independence. Outdoor activities, gardening opportunities and community events encourage people to remain active and engaged. Improvements to accessibility allow more people to enjoy the grounds safely.

Some environmental improvements remain in progress. Uneven paving in parts of the grounds has not yet been replaced, and some refurbishment work remains ongoing. The manager recognises these issues and has plans to address them. We do not find these matters currently impact people's outcomes and the overall environment supports positive experiences for people living at the home.

Leadership & Management — Good

At this inspection we found improved leadership, governance and workforce arrangements support people to achieve good outcomes, promote a more positive and compassionate culture, and increase confidence in how the service is managed and led. Since the last inspection, the registered manager has been proposed as the provider's approved RI and plans to combine both roles.

The proposed RI/manager has introduced improved quality monitoring systems since the last inspection. These include analysis of incidents, safeguarding referrals, complaints, staff and resident feedback, audit outcomes, training, staff supervision and action plans. Audit records show the proposed RI/manager identifies emerging issues and responds in a timely way. Incident analysis includes root cause analysis, learning and actions to improve practice, such as care-plan reviews, professional referrals and reflective discussion with staff and people involved. These stronger governance arrangements are recently introduced, and the provider must now evidence they are embedded and consistently lead to sustained improvements for people. We have raised this with the provider as an area for improvement and will review this at the next inspection. However, on balance, and considering the findings of the inspection overall, we have decided to award a good rating for leadership and management. This is because the proposed RI/manager has driven improvements across the service since the last inspection.

The proposed RI/manager is visible, accessible and actively involved in the service each day. They complete daily walk-rounds, speak with people throughout the day, and support and advise staff as issues arise. Staff told us morale has improved and they receive good support from the manager. They said moving the manager's office closer to the centre of the home, near people's rooms, makes it easier for staff and residents to approach the proposed RI/manager with confidence.

People, relatives and staff have opportunities to influence improvements. Resident meetings and questionnaires cover confidentiality, key workers, staffing, cleanliness, menus, activities and decoration. Records show the manager responds to feedback and revisits previous actions to ensure people are satisfied.

Staffing arrangements support people to achieve their outcomes. Staffing levels and skill mix are informed by separate dependency assessments for nursing and residential care. Rotas reflected these assessments and staffing observed during inspection. The service is currently fully staffed for care staff. Contingency arrangements support continuity during unexpected absences, and recruitment has reduced reliance on agency staff. Recruitment and vetting include Disclosure and Barring Service checks and monitoring of professional registration to keep people safe. New staff receive induction, shadowing and competency checks. Staff complete online and face-to-face training relevant to their roles and people's needs. The manager monitors this and ensures staff receive regular supervision and annual appraisals.

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
Quality monitoring has improved, but the provider must show these systems are embedded and consistently lead to measurable, sustained improvements for people.	04/08/26

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

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