



## Inspection Report on

**Dolywern**

**Leonard Cheshire  
Dolywern Pontfadog  
Llangollen  
LL20 7AF**

## **Date Inspection Completed**

10/01/2025

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## About Dolywern

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Hayes Healthcare Limited
Registered places	31
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service under the new registration.
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People told us they are happy living at Dolywern and love where they live but felt worried about the future of their home because there had been a lot of changes in a short space of time. People spoke fondly about care workers who support them. People told us they felt they didn't know what was happening and would like more information. People feel their views are not always listened to.

A number of areas of noncompliance have been identified as a result of this inspection, in areas of care and support, safeguarding, staff recruitment and development, health and safety and leadership and management.

The responsible individual (RI) has failed to implement the providers processes at the service in a timely way which means there is no effective oversight to monitor quality, identify issues and take timely action to address them. The service currently lacks structure, organisation, and delegation.

A total of five priority action notices have been issued and the provider is expected to take immediate action to address the issues identified.

## Well-being

People who are able to, have choice and control over most aspects of their day-to-day life. People choose when to get up and go to bed, where they want to spend their time and when they want to have support. We spoke with people having lunch who told us there is always two choices and they can ask for something else if they don't fancy what is on the menu. People told us they like who they live with and have developed friendships and relationships. People can choose how to spend their time as there are various items of interest around the service, from TVs and computers, to games, puzzles and reading material. We observed people taking part in a quiz and another person playing puzzle games on an interactive tablet. The service has access to vehicles so people can go out on trips and to visit friends and family. A recent issue with the legality of driving the vehicles, along with a miscommunication has resulted in people not utilising the vehicles, however this has now been resolved and individuals are now aware this facility is fully operational for them to enjoy again. The service has two activity coordinators who work hard to make sure people are active and engaged in things they like to do. People are active in their local community and support each other in the service. A visiting family member spoke highly of the support their loved one receives.

People are not as safe as they could be. New care workers are not safely recruited to the service. Some existing staff have not completed safeguarding training and do not have effective management support. The provider has a safeguarding policy in place; however, we found some contact information to be inaccurate and the policy did not refer to the current Welsh guidance and legislation. We also found there is no current process for documenting incidents, accidents, and safeguarding concerns. We identified several issues during the inspection which should have been recorded within the service, reported to the manager/RI, and escalated to the local authority safeguarding team but this had not been done. All staff need to complete safeguarding training and have access to policies which are accurate to know how to respond to concerns and report them. The RI must ensure safeguarding processes are followed. Issues identified in other areas of inspection themes pose a risk to people at the service. This is placing people's health and wellbeing at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

## Care and Support

People receive care and support which meets their individual needs and is mostly in line with information within care records. The service has recently been taken over by a new provider and they are in the process of transferring and updating care records onto new formats. Care records from the previous provider have been retained so care workers, agency staff and new employees have access to information about how to meet the care and support needs of people. The local health board are supporting the provider to review and update the care and treatment plans of those individuals with clinical needs, receiving nursing care. We looked at daily records and monitoring charts and found they are not always completed consistently. We found gaps in mouth care records, food and fluid charts and daily records lack detail. We asked to see examples of the new documentation, but this was not provided.

People living at the service told us they were happy there was a new provider, so they could continue living at Dolywern, but said they felt there had been a lot of changes in a short space of time and this had been difficult to process. People told us they are not told about changes at the service which affect them and that they do not see a lot of the manager or the RI. We discussed this with the RI who said they would implement resident meetings, so people had the opportunity to share their views and discuss any concerns.

People told us they love living at Dolywern, it is their home, and they want to live there forever. Without exception, people spoke positively about the care workers who support them. We observed kind and patient interactions between all staff at the service and people who live there. This includes the catering staff who people were visibly fond of and told us they enjoy speaking Welsh to. People told us they are supported and have everything they need. They told us they are helped with baths and showers when they ask, *"I have never gone without,"* this was confirmed in daily records we looked at.

The issues identified in relation to care and support, as well as the other inspection themes do not give assurance that people are supported by the provider to ensure they feel safe and secure. Action must be taken to address the issues with completing documentation, information sharing, following safeguarding processes and leadership and management. This is so people are supported with their physical, mental, and emotional wellbeing. This is placing people's health and wellbeing at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

## Environment

We have not considered this theme in full.

People live at a service which is secure and accessible. Communal areas and bedrooms are all on the ground floor meaning people can access these areas without restriction. Communal spaces such as the dining room and computer room are spacious and well equipped. People have access to vanity areas in their own rooms and several bathrooms/wet rooms and toilets throughout the service. We found the service to be very clean and free from malodours.

People have good sized bedrooms which are very personalised. One person told us they love their room and their front door. Some bedrooms have access to the grounds which provide a lawned area, gardening facilities and places to sit and relax. On both days of inspection, we found the service to be warm throughout.

The service has a maintenance person. Servicing records were checked as part of the registration process and no concerns identified. We will look at this area in full, during the next inspection of the service.

Immediate improvements are needed to the infection prevention and control aspect of Health and Safety. On the first day of inspection there were no gloves in the toilets and paper towels were not stored within the dispenser. We found there was only a small number of protective gloves available in size small at the service. On the second day of inspection the RI had bought some additional size gloves to the service. There was not sufficient stock of gloves, face masks and other personal protective equipment (PPE) to appropriately respond to and manage an infectious outbreak at the service. We found clinical waste and general waste within the service is still not being appropriately managed and disposed of. This is placing people's health and wellbeing at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

## Leadership and Management

People are not currently residing at a service which is well led, organised, and has leadership in place to ensure governance arrangements are carried out. The provider is currently recruiting key staff for the service, however at the time of inspection there was no registered manager or clinical lead. The lack of management structure means key processes for auditing and managing the quality of the service are not delegated to anyone and have not been completed. The issues found during this inspection have subsequently not been identified by the responsible individual and addressed in a timely way, placing people at risk. Whilst the provider has policies and procedures in place, they must ensure these are up to date, contain the correct contact information and are reflective of Welsh legislation and guidance. The RI must ensure all staff are aware of and follow the guidance within these policies. This includes the RI as it was identified at this inspection, they are not familiar with their own disciplinary policy and were not confident in responding to a serious concern which was reported to them. These concerns form part of a priority action notice.

People are supported by care workers who have worked at the service for a long time and know people well. The RI has started recruiting new staff to the service, however we identified this has not been carried out in line with the requirements of the regulations to ensure people are recruited safely and are appropriate to work with adults at risk. We found staff did not have a disclosure and barring service check (DBS) applied for by the provider, and the RI has also failed to ensure suitable references had been received before employing people to work at the service. Similar concerns were identified for agency nurses employed at the service as the RI has not ensured they had the agency profile information about the nurse was in the service and an induction carried out. We asked about training for care workers and nurses. The RI told us they had not yet established the training needs for the service as they had a lot of paperwork to review and upload to the training matrix from the previous provider. At this inspection we were unable to evidence training completed by staff. Where we requested to see training certificates these were not provided. Not all staff are in receipt of regular one to one supervision, this is ongoing with care workers but presently there is no senior clinician in post to facilitate clinical supervision with the registered nurses. We found there is no structured-on call system in place which means staff go directly to the RI who is continuously on call. The deputy manager is also always 'on call' which is not sustainable and not appropriate when they are on a day off. The provider needs to ensure there is a clear policy and process to support staff out of usual office hours. This is placing people's health and wellbeing at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The issues identified across all inspection themes indicate a lack of leadership and organisation within the service. People do not know who is responsible for what area and there is currently no stable management team in place for consistent support. Whilst the provider has not yet been operating for a period of time where they are required to complete a quality-of-care review or for the RI to carry out quarterly visits, the RI has been

overseeing the daily operation. The RI should have ensured the providers systems and processes were implemented and completed from early on to prevent the oversight of key areas and the development of risks to people. This is placing people's health and wellbeing at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Summary of Non-Compliance	
Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
35	The provider has failed to carry out safe recruitment processes when employing new staff at the service. The provider must ensure full and satisfactory information or documentation is applied for and available at the service before a person begins work. This includes a disclosure and barring service check applied for by the provider and receipt of two references.	New
27	The provider has failed to ensure the safeguarding policy and procedure contains accurate information. The provider has failed to ensure the processes within the policy are followed and carried out within the service. The provider must ensure there is an up to date policy in place which is aligned to the current legislation and national safeguarding guidance. The provider must ensure safeguarding processes are	New

	understood and followed within the service.	
57	The provider has not ensured that any risks to the health and safety of individuals have been identified and reduced so far as reasonably practicable. The provider must implement audits immediately and delegate areas of provision to be monitored so issues are identified and acted on in a timely way.	New
21	The provider has not ensured that all areas of care and support are provided in a way which protects, promotes and maintains the safety and wellbeing of individuals. This is specifically for the completion and detail of daily records and monitoring forms. It includes ensuring continuity of care for people and making sure people are kept informed about matters which directly impact them.	New
66	The responsible individual has not supervised the management of the service effectively, ensuring the providers processes have been implemented and followed at the service. There is currently insufficient oversight of the management, quality, safety and effectiveness of the service. Issues identified at this inspection have not been identified by the RI and have therefore not been actioned which is placing peoples health and well being at risk. The RI must ensure there are processes in place to monitor the quality and effectiveness of areas of service provision so issues are identified and addressed in a timely way. This includes but is not limited to, safe recruitment and development of staff, safeguarding processes, management of health and safety, provision of care and support and ensuring the service is being delivered in line with assurances in the statement of purpose.	New

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

Area(s) for Improvement		
Regulation	Summary	Status

N/A	No non-compliance of this type was identified at this inspection	N/A
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