



Arolygiaeth Gofal
Cymru
Care Inspectorate
Wales

Inspection Report

Dolywern



Leonard Cheshire, Dolywern Pontfadog, Llangollen, LL20 7AF



01691718303

The inspection visit took place on 01/10/2025

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):	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 Improvement



Environment

Requires Improvement



Leadership & Management

Requires Significant Improvement

Summary:

Dolywern is set in large grounds and located in a rural village near Llangollen. It provides personal care and nursing care to adults.

The provider has not ensured people's well-being is consistently promoted and maintained by staff. The provider must make the required improvements to ensure people are achieving their desired well-being outcomes, including ensuring their privacy and dignity is always respected and promoted by staff.

While there are positive developments in aspects of care and support, improvement is still required to address inconsistencies in care delivery, strengthen staff training and oversight, and ensure that all staff demonstrate empathy, respect, and the necessary skills to ensure the home delivers consistently high-quality care.

The environment requires improvement to ensure people live in a home that meets their needs, identifies and addresses issues that place people's health and safety at risk of harm.

Leadership and management requires significant improvement because staff and residents report

poor culture, ineffective communication, and we found poor oversight and quality assurance by the provider and Responsible Individual (RI) has failed to sustain improvements identified at the last inspection

Findings:



Well-being

Requires Improvement

While some residents are able to express their individuality and maintain personal routines, outcomes for people require improvement in several key areas of well-being. People are generally well-presented and have access to services such as a hairdresser and physiotherapist, which supports their physical health. However, people are not always supported to have as much control as possible over their day-to-day lives. Many residents and relatives reported that their voices are not consistently heard or respected, particularly since the change in provider. Some people feel management does not communicate effectively, and changes are made without consultation, leading to confusion and a sense of loss of ownership over their home.

Opportunities for meaningful activity and engagement are limited. While some activities, such as board games and celebrations, are available, people described the range as narrow and noted that the activities coordinator is often unavailable due to other duties. Several people expressed that activities have declined and that they feel less motivated and more isolated as a result. Access to outdoor spaces is restricted by environmental issues, and people are unable to use the gardens safely, which further limits their independence and well-being.

We found people are not always supported to maintain positive emotional well-being. Some residents reported feeling unsafe, not listened to, and staff are only responsive due to external pressure. There are concerns from people and staff about agency staff not understanding people's needs or communication preferences, and some staff lack confidence or adequate skills. Safeguarding processes have improved, with concerns now more effectively identified and followed up. However, people are not always informed about how to raise concerns in a way that suits their communication needs. Some people have experienced incidents where their privacy and dignity were not respected, such as personal care records being left outside rooms. A person told us "*all the ethos of my home has gone*".

Communication barriers persist, including staff not always speaking English in front of people and inconsistent sharing of information with people and relatives. Personal information is not always stored securely, and feedback indicates that people do not always feel valued. The physical environment is described as "*tired*" and in need of development to meet people's needs.



Care & Support

Requires Improvement

Care plans are currently being updated into a new format, with guidance from professionals and commissioners supporting the service to improve. We saw the new style of care plans contains good detail, appropriate risk assessment, and specific planning for individual conditions. These plans highlight the strengths of each person and clearly set out the support they require, reflect individual needs and preferences, including specific requirements. There is evidence that families are involved in care planning, with staff and external professionals, such as solicitors, contributing to decision-making.

Outcomes for people require improvement because the service provider has not ensured that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals. While some improvements have begun or are planned, feedback we received from staff and residents is mixed. Some describe the care as “good” or “adequate” and recognise that staff try hard, others report that care is inconsistent, particularly when agency staff are on shift. People told us they are unhappy in the home and staff are not confident in their roles. This is supported by records of incidents reported and complaints about the care people receive living in the service. These incidents are not consistent with good outcomes and highlight a need for improvement in the quality of care and support provided. We expect the provider to take action to address these issues.



Environment

Requires Improvement

The environment at the service demonstrates a mix of strengths and areas requiring improvement. There are multiple well-equipped shower rooms and bathrooms. Bedrooms are personalised and equipped with appropriate beds and air mattresses and some offer ensuite facilities. We saw people's personal belongings are respected and their clothes neatly stored. Laundry is well-managed, with individually labelled boxes for clean clothes and the use of industrial equipment supports effective and hygienically safe practices. Communal areas, including a dining room, sun lounge and computer room are available and separate staff facilities are provided. The environment is generally clean, tidy and free from malodours, with beds made and rooms well-presented. Equipment such as wheelchairs, hoists and bath chairs is mostly stored appropriately, and PPE and medical supplies are well-stocked and labelled. Fire safety systems are in place, and some repairs are addressed promptly. There is a policy for planned maintenance and renewals, and audits of vehicles, water temperatures, and bedrooms are conducted.

However, outcomes for people require improvement because overall, the environment is not always free from hazards, and the environment lacks consistent oversight and audit. While supplies and stocks have improved, there are occasional issues with overflowing recycling bins. Some communal areas, including the garden and summer house, are inaccessible in parts or untidy due to overgrowth and lack of maintenance. Pathways are overgrown and uneven, making wheelchair access difficult and some paving slabs are cracked or loose. Outdoor structures are unusable due to storage or disrepair, and some external doors and ramps are damaged. People told us *"It has been like this all summer. There is one volunteer who will take people out when they can."* The decoration in the home is worn in places, with historical damage to walls and doorways from equipment and flooring, in some bedrooms, is damaged and needs replacement. Maintenance and risk management are not always systematic or proactive, and action plans lack detail and timescales. Maintenance is largely reactive, and jobs are not always systematically tracked. While there are no major concerns about security or access, some external maintenance issues could impact people's safety and dignity.

The lack of adequate identification, action planning, oversight and monitoring of progress with improvements required has negatively impacted upon people's well-being, with people telling us they do not feel things are getting any better. A person told us *"They promised that they would upgrade the building, upgrade the grounds, very little has happened."* Another person told us *"This is our home, it has gone downhill."* These issues need addressing and we expect the provider to make the required improvements.



Leadership & Management

Requires Significant Improvement

There have been some positive developments in some areas of leadership and management in the service, particularly following the appointment of a new deputy manager and clinical leads. Staff feedback on the new care management team has been positive and has begun to foster a more positive working environment. There is evidence of the new care management team taking proactive steps to build relationships and support staff well-being, such as organising events and encouraging further qualifications, with several staff expressing interest in NVQ courses. The new care management team are currently implementing a new schedule of quality assurance audits and policies are reviewed and updated. Engagement with commissioners and safeguarding professionals has been positive, with external feedback supporting the efforts of the new team.

However, we found outcomes for people require significant improvement because leadership and management at the service continues to fall short overall. There is a pervasive lack of confidence in leaders, with both staff and people using the service describing a negative culture. One staff member told us, *"No one appears to be accountable for anything, they are in 'survival mode',"* highlighting the absence of visible, accountable leadership. People and relatives echoed these concerns, noting, *"management keep changing, in their view, it has been 4 or 5 times since the new people took over,"* and report poor communication, such as not being informed when contact numbers changed. Promises made by management, including improvements to the building and grounds, have not been fulfilled. People told us the provider *"...promised the earth, then they didn't follow up... very little has happened"*.

The Responsible Individual (RI) has failed to ensure improvements to quality assurance systems we saw at the last inspection were sustained, including whilst the service was awaiting the arrival of the new care management team. At this inspection, evidence of audits of care quality was severely lacking, and documentation gaps persist, with outdated or inconsistent information in the Statement of Purpose and written guide to the service for people, despite raising this with the provider at the last inspection. We saw some policies lack adequate, accurate or up to date information to guide staff effectively. Staff training oversight records reveal gaps and inconsistencies, resulting in the provider not having an accurate overview of where there might be gaps in the skills and knowledge of staff. Staff and people reported concerns about frequent use of agency staff who do not appear to have the skills required to support people safely and effectively, and language barriers affecting care delivery. Staff describe staffing levels as *"very challenging... there are times when the rota is out, it is obvious there are shortages, and they do not do anything about it quickly enough."* In relation to their training, staff told us *"It is now all on line, and it is not adequate to ensure people have the skills to care,"* Staff also reflected that new staff are not trained as well and there is not enough of them. Agency staff were described by people as lacking confidence and appropriate

training. Multiple complaints and concerns have been raised with the provider and CIW since the last inspection. These have not been acknowledging or addressed by the RI in recent quality review reports covering the same period. These lack robust analysis and evidence of learning from incidents, feedback from people, and findings of external monitoring or inspections, including by CIW.

These issues have impacted upon people's well-being outcomes, and we have issued priority action notices. 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 consistently treated with dignity and respect by staff in the service, and their right to confidentiality is not always sufficiently protected and promoted.	01/10/25
Improvements are needed in the quality of care and support provided to ensure people's dignity and well-being is maintained and promoted and their needs are met by the service provided.	01/10/25
People experience poor well-being in the service because the provider has not adequately audited the environment of the service to ensure issues are identified and addressed in a timely and satisfactory way.	01/10/25

Summary of areas for Priority Action	Date identified
People experience poor wellbeing because the provider has failed to ensure the service sustains improvements and is consistently delivered with sufficient care, competence and skill.	01/10/25
Outcomes for people require significant improvement because the Responsible Individual has been ineffective in their oversight of the management, quality and effectiveness of the service.	01/10/25
People are not receiving high quality and safe care provision because the responsible individual has insufficient oversight of the quality and effectiveness of the service to ensure issues and areas for improvement are identified and addressed effectively.	07/05/25

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