Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Towyn Capel Residential Home

Towyn Capel Retirement Home, Lon Towyn Capel Trearddur Bay, Holyhead, LL65 2TY

01407860227

The inspection visits for this service took place between 30/04/2026 and 19/05/2026

Service Information:

Operated by:	Skyline Care Ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	30
Main language(s):	English
Promotion of Welsh language and culture:	The provider promotes, anticipates, identifies, and meets the Welsh language and culture needs of people.

Ratings:

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

Summary:

Towyn Capel Residential Home is in Trearddur Bay close to local amenities and the seaport of Holyhead.

The well-being at Towyn Capel needs improvement. People have not received an updated information guide regarding the service after the new provider has purchased the home. People benefit from consistent care from care staff who know their needs well and provide activities and daily choices for people.

The care and support in Towyn Capel are good. People receive sensitive care from care staff who can anticipate their needs and help them achieve their objectives. People can access health care reviews in a timely way. Personal plans are personalised to people's individual needs and preferences.

The environment needs improvement. The basement needs improved storage to comply with health and safety and fire legislation. The home presents as clean and tidy and people can personalise their rooms. The kitchen needs further work to comply to food hygiene legislation.

Leadership and management need improvement. This is because an updated Statement of Purpose document describing the service offered to people has not been provided to people, commissioners of care and Care Inspectorate Wales (CIW). There is over-sight of the service to ensure its smooth running.

Findings:

Well-being — Requires Improvement

People live healthily and safely in the home but lack current information to have control over their lives. People feel safe and comfortable in the home. We observed care given to the people in the main lounge, care staff and people have good rapport and care is given sensitively by care staff who anticipate their needs. People have not received an updated information guide regarding the service since the new provider purchased the home and have not been consulted regarding changes to the service. This does not support people to make informed choices about their care. This does not comply to the legislation. We have issued a priority action notice, and the provider must take immediate action to address this issue. A person told us they are happy with the care and that care staff are kind. They said they have noticed less menu choices in the home, namely one less roast per week, and are disappointed they were not informed of the changes.

People are supported by consistent care staff who they are familiar with. Some staff can speak Welsh in the home and offer care through the medium of Welsh. We observed people having daily choices regarding what they want to do with their day. Care staff offer activities as they are able, film nights, quizzes, arts and crafts etc. We saw a person enjoying having a manicure from care staff, conversing and laughing. We saw from people's personal plans that people have their daily routine and care preferences recorded. People said care staff know them well and provide good support.

The home presents as clean and tidy. People said they are happy with their bedrooms and can personalise the room with items of importance to them. There are lounges for people to be sociable or quiet in and receive visitors. People can sit out in good weather and can go out with family and friends as able.

People are generally protected from abuse and neglect, but some improvements are needed. Care staff told us they are familiar with the local safeguarding process to keep people safe should they be worried about their care. We saw from training records, care staff receive training in safeguarding. Care staff have access to updated policies to support them in their daily role. People have not received an updated information guide to inform them how to complain or forward any worries they may have about their care.

Care & Support — Good

People receive the quality of care and support they need to achieve their personal outcomes. Personal plans reflect people's personal choices, first language choice and hygiene routine preferences, for example, preferences for a bath or shower and the frequency. Six people prefer to rise early, and care staff ensure this need is met, demonstrating personal choices are respected. We heard care staff offer people choices regarding meals, drinks and where to spend their day. Personal plans contain a pen picture of each person and people and events of importance to them. People are treated with dignity and respect. There is a stable staff group in the home providing consistency in care, a person said, "*staff are lovely and very supportive."* People can access care as needed; care staff were prompt in answering bells and calls during inspection. Personal plans are reviewed frequently to ensure they remain current and appropriate for people's needs. There are core risk assessments in personal plans to keep people as safe as practicably possible. Falls are well documented and risk assessments are updated as appropriate. Body maps are used to record any skin problems or sores. People have good health monitoring and can access health care professional advice in a timely way.

People are generally protected from harm and abuse. People can access an advocate if needed, to protect their rights. Personal emergency evacuation plans, (PEEPS), are in place to evacuate people safely in event of fire or emergency. Senior staff notify the safeguarding authority if there are any incidents or accidents affecting people's well-being. The service works with Care Inspectorate Wales (CIW), to ensure the service aims towards compliance to legislation.

Medicine administration and storage are good in the home. We saw senior staff counting and recording medicine prescriptions coming into the home. Medicine administration records (MAR) are completed, with no gaps seen in care staff signing for each prescribed medicine given to people. Essential safety information such as people's photos and any allergies are also documented. We saw medicines audits are conducted by the manager to ensure good practice and the results are shared with care staff to enable continually improving standards. Care staff receive medicines administration training and have competency testing to ensure good practice.

Environment — Requires Improvement

People mostly live in an environment with appropriately maintained facilities and equipment. People are happy with their bedrooms, and we saw they are compliant to legislation. People can personalise their rooms to make them homely and comfortable. The home is tidy and corridors and walkways are clear of obstructions. There are areas to sit outside if people choose to or they can choose to be in the lounge or their bedrooms. There is a parking area, and emergency vehicles can gain access to the home. The door is locked for people's security. People sign in and out of the home in compliance to fire legislation. We saw the basement area of the home houses the laundry, linens, incontinence wear and paint including flammable liquids. We raised this as an issue as there is a potential fire risk due to a mixture of combustible articles in one area. The provider assured us this will be cleared, and safer storage sourced. The food hygiene rating for the kitchen is 3 (generally satisfactory), this is because necessary improvements to the kitchen, for example, the flooring and skirting boards have not been fully realised. The provider assures us this work will be completed. These have been identified as areas for improvement, and we expect the provider to take action. We will review these areas in the next inspection.

People are protected with health and safety reviews. An independent fire risk assessment was conducted in the home. They found the boilers, oil heaters, and free-standing heaters are satisfactory. Corridors and passageways were seen to be clear. Electric equipment is tested annually to ensure it is safe. This information and some minor suggestions for improvement, were shared with the responsible individual (RI) by senior staff to enable people's safety.

People have their well-being protected with required servicing to utilities and equipment. Utilities such as water, electricity and gas are tested regularly and certified, People can access equipment needed for their safe care which is maintained for their safety. Fire alarms and emergency lighting are regularly tested to ensure they are in good working order. The home presents as clean and tidy. Some changes have been made to cleaning hours and provision of cleaning supplies, the provider assures us this will not affect the current cleaning standards in the home, we will test this in the next inspection.

Leadership & Management Requires Improvement

People are mostly supported to achieve their outcomes as the service provider has effective organisation arrangements, governance and oversight to ensure smooth operations. A new provider has recently bought the home and feels it will take time to get to know the service needs and how best to run it. Senior staff and care staff remain in place and know the service and people's needs well. Policies and procedures are in place to support care staff in their daily practice and are currently reviewed and in date. The Statement of Purpose document, which explains the service people can expect to receive, has not been updated since the new provider bought the home, and has instigated some changes to the service. A current Statement of Purpose has not been provided to people, families, commissioners of care, or Care Inspectorate Wales (CIW). This is a breach of the regulations. We have issued a priority action notice, and the provider must take immediate action to address this issue.

People are supported by care staff who have the necessary skills and experience. We viewed a random selection of staff records and found necessary checks are in place to ensure care staff are appropriate to work with vulnerable adults. We saw training records are up to date, care staff spoken with confirmed they receive training to support them in their role. Care staff supervision is in date; staff receive supervision to ensure good care standards and their personal well-being. We saw work shift rotas and saw some changes have been made to work hours. Care staff spoken with have some trepidation regarding the changes, and what this will mean to care provision. Not all care staff have met the new provider as yet and are unsure of how to contact them. The provider assured us these changes are experimental and can easily be changed back if there is impact on people's care. We will test this in the next inspection.

As the provider has recently purchased the home, it is difficult to assess investment in the service at present. There are several changes to care hours, cleaning hours, food and cleaning products ordering instigated. The provider states these are experimental and can easily be reviewed if they are impacting upon the service people receive. We will review this in the next inspection.

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
The provider is non-compliant to regulation 44 (g) (h) of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017. This is because of combustible materials stored together in the laundry/ basement area of the home which require improved storage to mitigate risks as far as is practicable, under health and safety regulations and fire safety guidance. Improvements to the kitchen have not been fully realised to meet food hygiene legislation.	30/04/26

Summary of areas for Priority Action	Date identified
The provider is non-compliant to amending the Statement of Purpose 28 days prior to changes in the provision of the service. The current Statement of Purpose reflects the service provided by the previous service provider and not the current provider and does not reflect changes made or planned for the service. An amended Statement of Purpose has not been provided for Care Inspectorate Wales, the individuals receiving a service, or placing authorities 28 days prior to changes in the service.	30/04/26
The provider has not provided people with an information guide regarding the service that explains the service people can expect to receive including any changes to the provision of the service and the terms and conditions of the service. The provider is required to provide an information guide for people which is compliant to regulation 19 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.	30/04/26