



# Inspection Report on

**Dolywern**

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

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

29/01/2024

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## About Dolywern

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Leonard Cheshire Disability
Registered places	31
Language of the service	Both
Previous Care Inspectorate Wales inspection	21 July 2022
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

The home is welcoming and has a relaxed atmosphere. People have choice and control over their day to day lives and are supported to do what makes them happy and keeps them healthy. There are sufficient numbers of trained care workers in the home. They have good relationships with people and know them well. Personal plans for people's care provide a good description of them and clear instruction to care workers about how to meet their needs. People told us they are happy living there and the "*Staff are lovely*".

The service provider has good governance arrangements in place and the Responsible Individual (RI) visits the service regularly and, along with senior managers for the service provider, supports the manager well. The manager completes a range of routine audits of the quality of care and support in the home each month and the outcomes are monitored by the service provider. Recruitment processes are robust and there is effective ongoing support for staff through training and one to one supervision. The provider ensures people have the assistive technologies, specialist equipment and facilities they need to achieve their desired outcomes and be comfortable living in the home.

## Well-being

People have choice and control over their day to day lives. People told us staff respond to their requests for support in a timely way and do what they ask. Records show people are involved in their care planning with their families or representatives. There are resident meetings, regular quality questionnaires, and a key worker system that enable people to provide feedback on their experiences; records show this feedback is valued and acted upon. There are different options available for mealtimes; a four-week rolling menu is displayed in the dining room along with the daily choices available. People are encouraged to request a different dish if they would prefer something else instead. Records show people have access to advocacy services to support their decision making and best interest processes on their behalf if required.

People are supported to do things that make them happy and keep them healthy. Specialist diets and diet preferences are catered for in the home. People are able to participate in a range of activities of their choosing each day and records show people enjoy regular outings for events, clubs and meetings, and outdoor activities in their local community. People told us they enjoy going out. People told us they are happy living in the home and feel well cared for by staff. This is supported by feedback from relatives. Records show people have timely access to healthcare professionals and healthcare advice is transferred to relevant personal plans and followed by care workers to ensure people are receiving the right care and support.

People are protected from harm and abuse in the home. The provider ensures policies and procedures are in place to guide staff. All staff undergo thorough vetting checks and induction and receive training in topics related to people's specific support needs. Records show staff complete regular training updates, face to face and online, in courses such as fire safety, health and safety, infection prevention and control, and protecting vulnerable adults.

The service provider ensures people live in a home that meets their needs. There is specialist equipment and assistive technology to support people with their care and communication needs and to remain as independent as possible.

## Care and Support

The manager uses information from a variety of sources to assess whether the service can meet people's care and support needs before they move in. Once this is confirmed, further information is gathered from people, their relatives, or their representatives about their life history, what they want to achieve each day, and any goals for the future. The manager and nursing staff assess any potential risks for people and ensure measures are in place to reduce these as far as possible. They write individualised personal plans for people's care which provide clear instruction to care workers on what they need to do when supporting people. We saw personal plans provide a good insight into people and reflect what people told us about their needs, their history, and their preferences. Personal plans are reviewed regularly and updates are made as changes in people's needs arise. These are communicated to care staff via shift handovers.

People are cared for by kind and friendly staff. We found nurses and care workers were approachable and welcoming during our inspection. We saw care workers supporting people were patient, calm and listened well to people. Care workers know people well and are aware of their personal plans and objectives. People we spoke to confirmed this and told us "*Staff are lovely*". Records of daily care are consistent and show care is provided in keeping with people's plans for their care, apart from when people express an alternative preference occasionally. People told us staff respond to their requests for support in a timely way. During our inspection visit people were well presented and had clean and brushed hair, clean nails, and pressed clothes.

The service provider has policies and procedures in place to manage the risk of infection. We saw good supplies of personal protective equipment (PPE) available to staff. Visitors are encouraged, but not required, to check their temperatures on signing-in at reception. There are cleaning staff in the home daily and regular audits of hygiene practices in the home to identify potential risks or areas requiring increased cleaning.

The manager ensures appropriate medicine administration and management practices in the home. Records show regular training for staff in all aspects of medication administration, including administration via specialist routes. The manager addresses any issues arising from internal and external audits of medication administration in a timely way.

## Environment

The home is set in well maintained grounds that are accessible to people from communal areas and many of the bedrooms. We saw multiple patio areas and seating areas outside. There are raised beds and a greenhouse that people use during clement weather. The layout of the building itself helps people to move about independently as they please, with wide corridors and doorways. The atmosphere in the home is welcoming and calm. Communal areas are pleasantly decorated and picture boards showing residents enjoying activities and spending time together are displayed in corridors. There is a large lounge with large tele, some comfortable seating and plenty of space for wheelchairs also. A smaller sunroom is used as a quieter area and we saw both rooms being used by people throughout the day. The dining room has tables of various sizes which accommodate most people at mealtimes; we observed people sharing a sociable lunchtime together. There are menu boards showing the daily menu; one shows the options in English with pictures and another is bilingual Welsh and English. We saw bilingual signage throughout the building.

During our visit we saw a mix of permanent residents' rooms and rooms used on short term or respite stays. All were nicely decorated and homely and contained the furniture and equipment people needed. Bedrooms belonging to permanent residents were highly personalised with ornaments, pictures, and furnishings they wanted. One person told us they love their room and another said they like theirs. All ensuite and shared bathing facilities we saw were of a good size that allow any necessary equipment to be safely used.

The provider ensures people have specialist equipment they need to achieve their personal outcomes, and that it is well maintained and serviced. We saw people using communication aids and assistive technology to remain as independent as possible. Records show the provider ensures risks in the home are identified and timely measures put in place to reduce them. People have personal emergency evacuation plans (PEEPs) in place.

## Leadership and Management

The service provider has effective governance and oversight arrangements in place to support the smooth running of the home. There are policies and procedures to guide staff in all aspects of the day to day running of the home. The manager completes a range of monthly audits of the day to day running of the service. The outcomes and actions from these audits are reported centrally to the service provider as part of their quality oversight processes. The RI visits the home regularly to monitor the service and is in frequent contact with the manager in person and via other senior management from the service provider. The service provider gathers feedback from people and their relatives about their experiences in the home throughout the year. This feedback is used to guide the further development and improvement in the service. The latest report shows feedback from people is positive about the service, and actions are in progress in response to their feedback. Feedback from staff about working in the home was also positive.

Staffing levels are appropriate and are adjusted by management depending on the needs of people living in the home. There are robust vetting processes in place for new staff and the manager routinely monitors ongoing staff suitability through checks of their registration with regulators and professional bodies, as well as renewals of their Disclosure Barring Service (DBS) record checks. New staff undergo a thorough induction and complete a range of training courses to ensure they have the skills required to support people effectively. There are systems in place for the manager and RI to monitor compliance with training by all care workers. Records show staff have regular updates of training to maintain their knowledge, skills, and competencies. Training is provided face to face and others are entirely online. Some staff have begun specialist training courses that will enable them to cascade training to their colleagues. Staff are supported through regular one to one supervision with the manager. The provider encourages care staff, families, and residents to learn Welsh through advertising local courses on notice boards throughout the home.

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

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. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

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