Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Llangollen Fechan

Llangollen Fechan Residential Home, Holyhead Road, Llangollen, LL20 7PR

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carehomenorthwales.co.uk

The inspection visits for this service took place between 23/03/2026 and 24/03/2026

Service Information:

Operated by:	Roberts Homes North Wales Ltd
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with personal care, Provision for mental health
Registered places:	87
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:

Llangollen Fechan is a care home service for adults with personal care and/or nursing care needs. It is in a rural area surrounded by open fields, just outside Llangollen.

People experience good well-being because they receive kind, respectful support and staff interactions that promote dignity and comfort. Many people are supported to exercise choice and control in their day-to-day lives, maintain relationships, and to feel safe. Relatives and professionals were positive about the quality of care, staff attitudes, and the homely environment.

People receive safe care that meets their needs and planned care, including support at mealtimes and access to health professionals. Where incidents or risks arise, these are identified and responded to, with learning used to strengthen practice. People receive care from staff who know them well and work closely with health and social care professionals to support their well-being.

The environment supports people's comfort, safety, and dignity. Accommodation is well maintained and equipped to meet people's assessed needs. Identified environmental issues are known to managers and actions are in progress to address them.

The management team demonstrates awareness of service risks and shows commitment to improvement. The Responsible Individual (RI) has set up strong systems for governance, auditing, and oversight. The manager is responsive to feedback from professionals and the regulator, and takes appropriate and timely action to address issues identified through internal and external audits.

Findings:

Well-being — Good

People experience positive relationships and respectful support that promote good well-being. Care planning reflects an expectation that staff support choice, communication needs and positive risk-taking, rather than restricting people unnecessarily. Through observing interactions and speaking with staff, we found staff know people well and support day-to-day choices and routines in ways that suit individual needs. We saw staff skilfully and kindly motivate people who can be reluctant to accept assistance, supporting them to shower and eat through positive and engaging methods. Records and staff interactions with people show people's language preferences, including Welsh language needs, are recognised and considered in how care is delivered.

People stay connected to family, the local community, and their faith. We saw visitors welcomed throughout the day and staff responded warmly to people and their families. The service supports group activities and meaningful engagement in a calm atmosphere. We observed a bible reading group session where staff support people who wish to share their faith to take part at their own pace. People are supported to access the local town for shopping with support from family or advocates as required.

The service uses safeguarding systems to protect people from harm. Records show the service identifies safeguarding concerns and makes referrals, including where incidents involve peer-to-peer harm and where staff raise concerns with the management team. The service considers mental capacity and restrictions. The service uses Deprivation of Liberty Safeguards (DoLS) processes and records DoLS applications and any conditions applied as part of authorisations in care planning.

People live in accommodation that supports their well-being. People have single en-suite bedrooms containing the furniture and facilities they require and can personalise their rooms if they wish. The environment is designed to promote privacy, dignity, and independence, with adaptations such as sensor mats and specialist equipment used proportionately to support people's safety. The home is secure, with keycode access to exit each unit in the home and secure garden areas. This keeps people safe whilst still allowing them to move about their part of the home freely.

Care & Support — Good

People receive care and support that meets their assessed needs and promotes their comfort and dignity. People's care is planned with input from relevant professionals, including GPs, nursing staff, and allied health professionals. Information gathered from people and their families helps to inform care staff about people's preferences and individual needs. We saw plans are supported by individualised risk assessments relevant to known health conditions and care needs. Some people's care plans reflect depth of knowledge care staff and the management team hold about how to manage known triggers safely and consistently for individual people. The manager and care staff can describe effective approaches they use for individual people and demonstrate them in practice.

Care staff provide sensitive support with personal care, dressing, and mealtimes, adapting assistance to the individual's pace. For those requiring a textured diet, staff ensure proper positioning, monitor swallowing, and offer drinks between mouthfuls. Records show regular contact with GPs and input from professionals such as dietitians and therapy services. We saw district nurses and GPs visiting to review residents during the inspection, and records show this happens frequently.

Daily care records document the support staff provide. However, we noted occasional gaps in records for care such as hair washes, oral care, and personal care for people who sometimes decline or resist support. We discussed this with the manager and the need to ensure any care declined by individuals is recorded, along with evidence of the actions care staff have taken to ensure the person's needs are met safely. The manager plans to address this through discussions during staff supervision meetings and holding additional training sessions.

Safeguarding procedures are in place to protect individuals from harm and abuse. Immediate actions are taken following incidents, including medical reviews, referrals, and updates to care plans as required. Learning from incidents is used to update practices within the home.

Medicines are managed safely, with secure storage, administration by trained staff, and robust audit processes. Medication administration records are complete and changes are appropriately recorded. Where incidents have occurred, improvements have been made, such as implementing second-checking and increasing oversight of storage arrangements.

Hygiene practices within the home are well maintained. Staff receive appropriate training and adhere to provider policies and cleaning schedules. Ample personal protective equipment (PPE) is available and used correctly. The home currently holds a food hygiene rating of 5, the highest score possible.

Environment

Good

People have good outcomes living in the home because the environment supports people's privacy, dignity, and comfort. It is warm, clean, and welcoming, with multiple units, each providing communal lounges and dining areas for people to use. People have single en-suite rooms and the service supports personalisation. We saw people's rooms were personalised with furniture, pictures, and ornaments. The decoration throughout the home is pleasant and homely, and corridors are uncluttered, ensuring people could safely move about the home. Dementia-friendly design features, clear bilingual and pictorial signage, and contrasting colours support people's orientation and independence. Gardens and outdoor spaces are accessible to people, with adaptations made to reduce distress for residents overlooking the gardens belonging to other units, and to protect the privacy and dignity of people using them.

The service identifies maintenance issues and responds to them swiftly. We saw some wear and tear, including damaged flooring and worn chairs in parts of the home. Where issues were found, such as flooring damage, wear and tear to furniture or bathroom usability, managers demonstrated awareness and had taken or planned corrective action. Improvements to cleaning, repairs and maintenance were in progress at the time of inspection.

Equipment is available to meet people's assessed needs with servicing, maintenance and safety checks completed regularly, as required under health and safety legislation. Safety certificates and servicing records for gas, electrical, and water services, and for fire safety in the home are in date. Fire safety arrangements include visitors log, drills, Personal Emergency Evacuation Plans for people, and alarm testing, support people's safety without causing distress.

Leadership & Management — Good

People achieve good outcomes in the home because leaders and managers use governance systems to monitor quality and to respond to identified risks. The manager ensures audits and quality review activity is completed and we saw records of the RI visits to the home, and an annual mock inspection visit conducted by the RI and regional manager. The provider's quality of care review systems are structured and regular, indicating an organised approach to oversight. Records show the manager responds to issues and works with professionals. They engage with external services, including local authority monitoring and specialist input on medicines and infection control. Relatives and professionals are positive in their feedback about staff practice and responsiveness at all levels in the home.

The manager is open and reflective. They discuss risks and shortfalls honestly and demonstrate willingness to improve. Engagement with external professionals, safeguarding teams and health services supports learning and development across the staff team. The management team use information from incidents, safeguarding referrals, and audits to identify areas for improvement. There is evidence of learning leading to changes in practice, such as policy review, and evidence of cascaded learning in additional staff training and strengthened medication systems. However, some audits lack clearly recorded timescales and closed-loop assurance, limiting their effectiveness. Following discussions during our inspection, the manager has made improvements to these audits, and they can now demonstrate more robust oversight and provide evidence of how concerns are addressed and resolved. This structured approach provides greater transparency, accountability, and evidence of continual improvement within the service.

Staffing arrangements support care delivery. Staffing levels, skills mix, and supervision arrangements are in place, and staff described feeling supported and confident to raise concerns. The service uses agency staff occasionally to cover planned leave. Where training oversight records identify gaps, particularly in areas such as Mental Capacity Act, DoLS processes, safeguarding and fire safety, these are known to leaders, action is taken to address it. We saw evidence of safe staff recruitment processes in place, with ongoing vetting and workforce regulator vetting checks in place. Staff confirmed they have access to supervision and records show this supports staff wellbeing and development.

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.

CIW has no areas for improvement identified following this inspection.

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