Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Rickeston Mill Care Home

Rickeston Mill Nursing Home, Rickeston Bridge, Haverfordwest, SA62 3DJ

01646695142

The inspection visit took place on 07/05/2026

Service Information:

Operated by:	Rickeston Care Home ltd
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, Provision for mental health
Registered places:	28
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:

Overall, people experience positive outcomes for their well-being. Many people are engaged in meaningful activities and social interactions that support their emotional health and quality of life. A varied activity programme, including group activities and community outings, helps people remain active and connected. Staff promote relationships with family and friends, and the environment, including improved outdoor spaces, supports comfort, independence and engagement.

Most people receive good care and support from kind and respectful staff. Feedback from families, professionals and staff is largely positive, and there are examples of person-centred care planning and safe medication practices. However, improvements are needed to ensure consistency. Care is not always delivered in line with personal plans, and care records are not always complete. This means the service cannot always demonstrate that care is consistently delivered or that risks are fully managed.

Leadership and management show a clear commitment to improvement. Governance systems, including audits and reviews, have strengthened and are identifying areas for development. Staff

report improved culture and better working relationships. However, some aspects, such as supervision, require further consistency.

Findings:

Well-being — Good

People experience positive and effective outcomes for their well-being. Many people are engaged in meaningful activities and social interactions which support their emotional health and overall quality of life. The service demonstrates a generally consistent and purposeful approach to promoting well-being.

People are supported to engage in meaningful activities. Many people take part in a varied and regular programme of activities, including, singing groups, Welsh music, gardening, games and celebrations. Activities are well organised and largely reflect people's interests, supporting them to remain active and involved. This is consistent with good outcomes where planned activities and interactions help people maintain a positive sense of personal well-being.

We observed many people participating in a group singing session in the lounge. People were engaged and appeared to enjoy the activity. The activity support worker led the session with enthusiasm and created a welcoming atmosphere. This supports people to feel included and confident and demonstrates effective practice in promoting participation and enjoyment.
The service uses resources well to support this provision. There is a dedicated activity budget, alongside additional funds raised through fundraising. A wide range of activities are available, providing people with choice and variety in how they spend their time. This helps ensure activities remain relevant and accessible to many people.

People are supported to maintain relationships and connections with their community. People are encouraged to maintain relationships with family and friends, and visitors can attend freely, which supports ongoing contact with important people. This reflects good practice where people are supported to sustain relationships that are important to them. The service also supports people to access the local community. Access to a minibus enables people to take part in outings and maintain social connections beyond the service. This supports people to remain active members of their community and contributes positively to their well-being.

People benefit from an environment that supports their well-being. Improvements to the outdoor space provide additional opportunities for people to spend time outside. This supports activities such as gardening and relaxation, promoting both physical and emotional well-being. The environment contributes to people experiencing comfort and opportunities for engagement.

Care & Support — Good

People achieve good outcomes because most receive care and support that meets their needs and promotes their well-being. Most people are supported by staff who are kind and respectful, and we received positive feedback from families, professionals and care staff that care is of a good quality and continuing to improve. Most personal plans are regularly reviewed and include relevant risk assessments, which helps care staff understand how to support people safely. We saw some examples of detailed person-centred plans, with clear information about people's health needs, communication, risks and personal history.

Most people are supported in ways that promote their comfort and day-to-day well-being. Daily records and our observations show people receive a varied diet with regular drinks and snacks, and some monitoring systems, such as nutrition, demonstrate effective oversight of care delivery. Medication practices are safe and consistently managed, supported by regular audits and a clear approach to behaviour support which focuses on understanding people's needs.

Although most people receive good care and support, improvements are required to ensure this is consistent for all people and fully aligned with their assessed needs and outcomes. We have therefore identified an Area for Improvement. Care and support are not always delivered in line with personal plans, and monitoring and recording systems are not sufficiently robust. While certain plans provide useful information, some peoples personal plans lack clear, specific or up-to-date guidance, with inconsistencies and limited detail in reviews. This means care staff do not always have the information needed to provide consistent, person-centred care.

Monitoring of care is also inconsistent for some people, with gaps in records relating to repositioning, toileting and fluid intake. Although the provider has identified these issues through internal audits, improvements have not been fully embedded into practice, meaning the service cannot always demonstrate care is delivered as planned or that risks are effectively managed.

Care delivery is not always person-centred and is at times task focused. Feedback from some care staff reflected people receive limited meaningful engagement. One member of care staff told us, "*Basic care needs are met but it's the more of the next level of continuity of personal interaction.*" During the inspection, we observed both positive person-centred interactions and some practice that appeared more task orientated, which had previously been identified as a concern by leadership and management.

The provider recognises these areas for improvement and has begun to take action to strengthen care planning, monitoring and oversight. However, until improvements are fully embedded, there remains a risk of inconsistent care, unmet needs and reduced opportunities for meaningful interaction, and that changes in people's health or well-being may not always be identified promptly.

Environment

Good

People benefit from an environment that is safe, clean and supports their well-being. The service provides a comfortable and homely setting, where people can spend their time in a way that suits them. The home is clean and tidy throughout, and we found it to be well maintained and free from clutter, which supports people to move around safely while still feeling relaxed and at home.
The environment has a welcoming and personalised feel. People's bedrooms are individually decorated and reflect their preferences and personalities, which helps promote dignity, comfort and a sense of belonging. There are communal areas where people can spend time, and we saw these spaces being used for socialising and relaxing. This reflects expectations that people live in accommodation which meets their needs and supports their well-being outcomes.

Improvements have been made to the environment, including a newly developed outdoor garden area. This provides people with opportunities to spend time outside, supporting their physical and emotional well-being. The environment overall feels safe and homely, striking a good balance between safety and comfort.

The provider has effective systems in place to manage health and safety risks. Regular audits and checks are carried out to ensure the environment remains safe. We saw evidence of ongoing investment, including improvements to fire safety, which supports people to live in a secure environment. These arrangements demonstrate that the provider actively identifies and manages risks to people's safety.

Equipment and facilities are available to meet people's needs. This includes appropriate furnishings and equipment to support care and promote independence. The layout and design of the home allow people to move around safely and access different areas, supporting their daily living and comfort. There are some areas where further improvements and needed but the service identify and follow up promptly with repairs.

Leadership & Management — Good

Leadership and governance arrangements support positive outcomes and continuous improvements in the service. Leadership and management demonstrate a clear commitment to improving the service, and there is evidence this is having a positive impact. Feedback from care staff and professionals told us the culture has improved and relationships between the service and external professionals are developing positively.

Leadership and management promote an open and accessible culture. The service operates an open-door policy, and care staff attend regular team meetings where they are encouraged to share feedback and raise concerns. We saw evidence of a visible leadership presence, supporting communication and engagement across the staff team.

Most governance systems provide effective oversight and monitoring of the service. The Responsible Individual (RI) completes regular quality of care reviews and undertakes regular visits to the service. These reviews identify areas for development, including staffing, supervision and team cohesion, showing leadership and management are aware of areas requiring improvement. Auditing systems, including medication and Deprivation of Liberty Safeguards (DoLS), have improved, and there is evidence these are being embedded into practice, supporting safer care. This reflects good practice where quality assurance processes are used to drive continuous improvement.

People are supported by care staff with the necessary expertise, skills, and qualifications to meet their care and support needs. Our review of staff files showed that safer recruitment practices are followed, with appropriate background checks and up to date Disclosure and Barring Service (DBS) certificates in place. Some effective systems are in place to maintain professional development, including annual appraisals, up to date training and frequent team meetings. However, some supervisions are not consistently up to date for all care staff. The provider has recognised this and is prioritising improvements to ensure all care staff receive regular, meaningful supervision, supporting them to deliver good quality care.

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 do not consistently receive care and support in line with their personal plans or that fully protects and promotes their safety and well-being. Inconsistent care planning, gaps in monitoring, and poor recording practices mean risks are not always effectively managed. The provider has acknowledged these concerns through its own audits and has begun to take action; however, improvements are not yet embedded in practice and further progress is required.	07/05/26

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