Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Alastair House

Alastair Nursing Home, 13-15 Foryd Road, Rhyl, LL18 5BA

01745334560

https://www.alastairhouse.com/

The inspection visit took place on 18/06/2026

Service Information:

Operated by:	ALASTAIR HOUSE LIMITED
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for mental health
Registered places:	15
Main language(s):	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	Requires Improvement
Care & Support	Good
Environment	Requires Significant Improvement
Leadership & Management	Requires Significant Improvement

Summary:

People's well-being requires improvement as people are not always supported to exercise choice and control over their daily lives. Opportunities to achieve personal outcomes are inconsistent, and people are not always living in accommodation that supports their well-being and desired outcomes.

Care and support is good because people receive care from a committed and dedicated staff team who understand their needs and work to maintain their well-being outcomes. Many people experience positive and respectful support, and care is delivered in a way that promotes continuity and meets individual needs.

The environment requires significant improvement because poor management of the premises place people's dignity, safety and well-being at risk. The provider has not ensured the accommodation is maintained to an appropriate standard, and environmental shortcomings are

negatively affecting outcomes for people.

Leadership and management require significant improvement because governance, oversight and quality assurance arrangements are ineffective. The Responsible Individual (RI) has not ensured robust organisational arrangements to support the safe and effective operation of the service. Weak governance systems have resulted in poor oversight and limited capacity to identify, address and sustain improvements in service quality.

Findings:

Well-being — Requires Improvement

People do not always have choice and control over aspects of their daily lives. Significant improvements are required to ensure people's rights, preferences and dignity are consistently promoted. Arrangements relating to room moves and the sharing of bedrooms do not ensure people were consulted or that the correct processes had been followed. People do not always receive appropriate support with their oral hygiene needs. We also found people did not have access to a communal bathroom. A small number of soiled beds where seen and appropriate action had not been taken by staff until the inspector brought this issue to the attention of management.

Meal provision is based on a set menu, and people are not routinely offered a second choice. However, the cook knew people very well and can provide alternatives on request to meet individual preferences. Activities are available throughout the week to provide stimulation and reduce the risk of social isolation and boredom.

People appeared settled, relaxed and emotionally comfortable within the home. We saw people were supported to express their individuality through their choice of clothing, religious beliefs and personal interests, including the sports teams they supported. One person told us they enjoyed the positive social atmosphere and valued the relationships they had developed with both staff and other residents. People we spoke with praised staff for their kindness, patience and caring approach and told us they were treated well. We observed warm, caring and positive interactions between staff and people living at the home. Staff demonstrate compassion and respect in their interactions and respond to people in a friendly and reassuring manner, helping to promote their emotional wellbeing.

Some bedrooms have been personalised with photographs, furnishings and personal belongings, helping to promote a sense of familiarity within their living environment. Other bedrooms were sparsely furnished and lacked personal items. In one bedroom, a person did not have access to a wardrobe, and their clothing was stored on a curtain rail. The garden areas are accessible and provided people with opportunities to spend time outdoors, with sufficient space for seating and relaxation. The external environment would benefit from further garden maintenance. The internal environment requires improved cleaning. Records demonstrated that equipment and utilities are subject to regular servicing and maintenance, helping to ensure they remained safe for use. While appropriate arrangements are in place to maintain the safety of equipment, significant improvements are required to the physical environment to ensure it consistently met people's needs and promoted their dignity, comfort and wellbeing.

Care & Support — Good

The pre-admission assessment process is robust and draws upon information from health professionals, people and their families to help ensure the service could meet individuals' needs. Personal plans are developed using information gathered from a variety of sources, including people, relatives and professionals. We saw evidence that management reviewed care records regularly. We found personal plans were well maintained and contained detailed, person-centred information to guide staff in meeting people's needs. Records covered key areas of care and support and included information about people's interests, preferences and routines. Daily notes are completed consistently and demonstrate care is delivered mostly in line with personal plans.

Regular reviews ensure records remain accurate and reflective of people's changing needs. Staff spoken with knew people well and were able to explain how they support people to achieve positive outcomes. However, despite these arrangements, we were informed during formal inspection feedback that two peoples care records were not accurate. Quality assurance systems had not consistently identified wider issues found during this inspection relating to falls management, support with people’s oral hygiene. This indicates that oversight arrangements require strengthening to ensure all records accurately reflect people's needs and promote positive outcomes.

People have access to a range of healthcare and specialist services to support and promote their health, well-being and personal outcomes. Records confirmed the involvement of health and social care professionals, including GPs and other specialist services, where required. Staff respond promptly to changes in people's health and wellbeing, seeking medical advice and requesting reviews when concerns are identified.

There are appropriate arrangements in place to support the safe management of medication. A staff-led medication audit takes place every month which demonstrates ongoing monitoring and oversight of medication practices. Staff responsible for administering medication have received relevant training and are assessed as competent to undertake this role. Medication records are maintained appropriately, providing assurance that medicines are administered and recorded in line with people's personal plans.

Environment

Requires Significant Improvement

People do not consistently have a meaningful voice or choice regarding their living arrangements, which has a negative impact on their wellbeing, dignity, health and safety. The arrangements for accommodation and decisions regarding people moving bedrooms into a shared room are service led rather than person-centred. The provider has not demonstrated decisions about bedroom sharing are based on a rights-based approach that promotes and upholds people's rights, including their human rights. Policies, procedures and practice do not evidence people are actively involved in decisions that affect them or that their views, preferences and choices are central to service delivery. As a result, outcomes for people require significant improvement. The provider must take immediate action to ensure accommodation arrangements are person-centred, rights-based, and reflect the individual needs, preferences and wishes of the people living in the service. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The home environment is functional but lacked a homely and personalised atmosphere, with investment required in several areas to improve people's quality of life. Although the current provider had operated the service for 15 months, oversight of the environment was not sufficiently robust to identify and address concerns promptly. The provider had not explored current best practice in creating a dementia-friendly environment, and communal areas lacked meaningful features to stimulate or engage people living with dementia. Many bedrooms are sparse and not personalised, limiting opportunities for people to feel comfortable and at home.

One communal bathroom was unavailable to people because it was locked and being used by an external contractor for equipment storage. Rusty equipment requiring replacement was observed, although management advised this had recently been identified through an infection prevention and control audit and was being addressed. Cleaning standards are inconsistent, with main areas of concern noted in corridors, walls and skirting boards. The home employs one domestic worker who also undertakes laundry duties, which may have impacted capacity to maintain cleanliness throughout the service. Additional concerns included broken bathroom tiles, a stair carpet requiring a deep clean, outdated bedside furniture and a lack of suitable storage for one person, whose clothing was hanging from a curtain pole due to the absence of a wardrobe. We also detected urine odours in a couple of bedrooms. These findings demonstrate significant shortcomings in environmental oversight, resulting in negative impacts on people's wellbeing, health and safety, and increasing infection risks. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The provider identified and managed a range of health and safety risks within the service. The building was secure, and arrangements were in place to monitor access, with visitors required to

sign in and out. Records confirmed that routine fire and water safety checks were completed, and required maintenance, servicing and safety checks for gas and electrical systems were up to date. Each person had an individual Personal Emergency Evacuation Plan to support their safe evacuation in the event of an emergency. Not all staff had completed infection prevention and control training, which may impact the service's ability to consistently promote safe practice and reduce infection risks. The home had achieved a Food Hygiene Rating of 5 (Very Good) following an inspection in January 2025.

Leadership & Management

Requires Significant Improvement

Arrangements for the oversight and governance of the service require strengthening. Whilst the RI undertakes regular visits to the home and completes three-monthly reports detailing findings from these visits, the provider's quality assurance systems had not been fully effective in identifying or addressing a number of issues found during this inspection. Written records and discussions with staff confirmed the RI maintains a regular presence in the service and recorded areas discussed and actions identified. However, the provider's oversight arrangements are largely reactive rather than proactive, with action often taken only once concerns had been brought to their attention. We found the provider had not taken sufficiently timely action to address environmental concerns, arrangements relating to room sharing, staff training, falls management, and the promotion of people's oral health and dignity.

In addition, whilst the provider had completed a Quality of Care Review, this was predominantly descriptive and did not demonstrate robust analysis of quality assurance information, trends, patterns, stakeholder feedback or outcomes for people using the service. As a result, the review had not identified some of the shortfalls found during this inspection and did not provide sufficient evidence that governance processes were driving continuous improvement. The provider should strengthen its quality assurance systems to ensure they effectively monitor service delivery, identify risks at an early stage which lead to measurable improvements in outcomes for people. Significant improvement is required to ensure leadership and management arrangements are effective, accountable, and able to secure consistent, safe, and sustainable outcomes for people. This is placing people’s health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Not all care staff have completed core training required for their roles. Training records did not provide assurance that mandatory training, including dementia care, infection prevention and control, and manual handling, was up to date for all staff. As a result, people cannot be assured staff have the knowledge, skills and competence necessary to consistently provide safe and effective care. This is placing people’s health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Staffing arrangements support a calm and relaxed environment, and our observations confirmed care is provided in an unhurried manner. Recruitment and induction processes are effective, with staff files demonstrating appropriate pre-employment checks. Staff are registered with Social Care Wales and complete a structured induction programme. Records also show staff have received regular supervision, providing opportunities for support and performance monitoring.

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.

CIW has no areas for improvement identified following this inspection.

Summary of areas for Priority Action	Date identified
People's privacy and dignity are compromised by the current shared room arrangement, which may restrict personal space, choice and control over their living environment.	18/06/26
People's dignity, comfort, safety and well-being are compromised by the condition of the environment. The provider has not ensured the premises are suitably maintained, resulting in an environment that does not consistently promote positive outcomes for people using the service.	18/06/26
People using the service are placed at risk of receiving inconsistent or inappropriate support because the service provider has not ensured all staff have completed mandatory and specialist training relevant to their roles. Without appropriate training, the provider cannot be assured that staff are suitably skilled and competent to meet people's assessed needs safely and effectively.	18/06/26
The lack of effective oversight by the Responsible Individual has resulted in failings across multiple areas of the service. Consequently, people's outcomes, safety and well-being are at risk because the Responsible Individual has not ensured appropriate governance arrangements are in place to monitor, evaluate and improve the quality, safety and effectiveness of the service.	18/06/26