Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Canterbury House

Canterbury House, 77 Dyserth Road, Rhyl, LL18 4DT

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www.akaricare.co.uk

The inspection visit took place on 11/05/2026

Service Information:

Operated by:	Akari Care Cymru Limited
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with nursing
Registered places:	51
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:

Canterbury House is a residential service for adults with the provision for Nursing and specialist dementia care. Based in the seaside town of Rhyl, people have access to many local amenities.

People experience good wellbeing outcomes because they are valued as individuals and their views are sought. The service works in partnership with people, their family/representatives, and other external professionals to ensure all areas of a person's wellbeing are supported and met. Care and support are good as it is person centred and meets peoples identified needs. People are treated with kindness, warmth, and respect. People are safeguarded from risks of harm and abuse at Canterbury House. People live in a good environment which provides safe accommodation to meet the needs of those who reside there. Ongoing investment in the service means the environment will continue to be enhanced. The leadership and management of the service is very good. Extensive auditing processes mean there is good oversight of all areas of service provision. People benefit from an experienced and dedicated management team, as well as well trained and competent care staff. The Responsible Individual (RI) visits on a regular basis and creates in depth reports to reflect on their visit and create actions for the service.

Findings:

Well-being — Good

People have as much choice and control over their day to day lives as possible. Care staff recognise people may experience barriers when communicating their needs and wants. Potential negative impacts are mitigated by referring to the detailed information about people in their care records and by getting to know people. Care staff can tell us about the people they support, their likes and dislikes and aspects of their life which remain important to them. We saw people are treated with dignity, respect and experience kind and fun interactions. People and their representatives are consulted and their views sought. A 'you said we did' board shows the most recent actions created from meeting with residents and their representatives, who is responsible for completing the task and the timescale for completion. Meetings are scheduled for the rest of the year. Feedback is also encouraged via QR code, online feedback, feedback surveys and from speaking with the RI. One family member was very positive about the communication of the service, saying "*They actually listen to me which is great*."

People have opportunity to take part in activities and themed events. Photos in scrap books and on display around the service show people and staff enjoying events such as Mother's Day, St Patricks Day, St Davids Day, and Easter. The service is currently onboarding dedicated activity staff to organise the ideas planned on the monthly activity board. People also enjoy entertainment from external visitors and the provider has made enquiries about having pet therapy at the service. Family and friends visit the service, and people are supported to use online technology to maintain connections with important people who are further away. One family member told us how important the support from the staff team has been in maintaining their strong family bond. We were told Canterbury House, '*Feels like a community, we are very happy.'*

People are kept safe from abuse and neglect. All staff complete safeguarding training and have access to policies which support this training and provide essential information about how to raise a concern. Information about safeguarding responsibilities and who to contact is visible throughout the service. The management team ensure incidents, accidents and safeguarding concerns are recorded in detail, reported and responded to appropriately. The provider has developed a reflective practice record to evidence discussions and actions post incident. Deprivation of Liberty Safeguards (DoLS) are managed well by the service. Good oversight ensures applications are made in a timely way and details of restrictions and authorisations are clearly recorded in people's care records.

Care & Support — Good

People receive the care and support they need to live happy and well at Canterbury House. This is because the provider takes time and care to gather highly detailed information about people, who they are, their life history and what is important to them. Where people experience communication or cognitive difficulties, the provider engages with family, friends, and other representatives to make sure they know as much about the person as possible. Personal plans are person centred and record important routines and specific preferences, such as how people like their drinks and in what cup, what time they like to get up and go to bed and what they like to watch on tv or listen to on the radio. People are asked about their communication preferences and can access bilingual documents. To support the Welsh language, the provider offers Welsh courses and encourages the recruitment of bilingual staff. Daily records show the care and support being delivered to people which we found to be reflective of the information recorded in personal plans. People can be assured the information held about them is accurate and up to date. Records are reviewed monthly as part of the 'Resident of the day' approach. We saw where things change for people, this is recorded in care records and relevant plans are updated. Important messages and information are discussed in daily 'flash meetings' where we saw records of medication changes, actions to seek GP advice and tasks needing to be completed. This process means actions are delegated and are not missed. We saw evidence of people or their representatives being involved in the review process and their views being recorded. All staff at the service know people very well, interacting with genuine warmth and care. People have their needs met in a timely way.

People experience good wellbeing outcomes because they receive the support needed to access appropriate internal and external medical support. We saw people attend appointments outside of the service and have medical and social care professional come to their home. Guidance and treatment plans given are recorded in care records and risk assessments. In addition to medical and social care professionals, people are also visited by advocates, chiropodists, and the hairdresser.

Medication is managed safely within the service. Staff are trained to administer medication, completing training and having annual competency assessments. Regular medication audits are completed to identify any errors and any actions needed. We saw there were no actions from the most recent medication quality assessment completed by the local health board. We observed good medication practice during the inspection. Where people require specialist administration, we found all the required legal paperwork, authorisations, and risk assessments to be in place.

Environment

Good

People live in accommodation which is safe, well maintained and supports people's individual outcomes and needs. We found all areas of the service to be clean and tidy. People can mobilise safely around the service to access several communal areas. We saw people appear to enjoy sitting in lounges and corridors to interact with staff and other people who pass by. Specialist seating and other mobility equipment is available to people to ensure they can access communal areas to sit out and access full bathing facilities. We found equipment is clean and fit for purpose. Regular servicing is carried out, and we observed care staff have a good understanding of maintaining this equipment, reporting any concerns they have immediately. The provider continues to invest in the service, and we saw plans are in place to renovate the outdoor space. This will significantly enhance the service, offering a safe and dementia friendly space for people to enjoy. People can access a quiet sensory space with music, lighting, and other sensory items.

People have personal spaces within their bedrooms, which are personalised to their own tastes. People have items of importance to them, such as photos, soft furnishings and therapeutic items in their rooms and communal spaces which makes the service feel homely and non-clinical. Items of interest around the communal spaces give people opportunity to interact and serve as prompts to reminisce about activities and events they have been part of.

People can be assured the provider takes their safety seriously. A maintenance person ensures the relevant Health and Safety checks are completed as required. We found the service is compliant with routine servicing and inspections such as gas and electrical safety. Fire safety is very well managed, with regular testing and servicing completed. All staff take part in thorough fire drill evacuations on a regular basis, so they are confident and competent in how to respond to a fire. The most recent inspection by the Food Standards Agency, awarded the service a hygiene rating of 5, the highest which can be achieved. This indicates a high level of food safety and cleanliness.

Leadership & Management — Good

People can be confident there are effective systems in place to monitor the quality and safety of the service being delivered. A well established and highly experienced management team, carry out regular audits of all areas of service provision to identify good practice and areas they wish to develop. The provider welcomes and positively engages with external quality monitoring teams from the local health board and local authority. This collaborative approach has resulted in the management team helping to develop tools for aspects of clinical care which have been rolled out to other providers, supporting best practice and positive outcomes for people. Actions are recorded in a home development plan which is a live document, reviewed regularly to ensure progress towards any goals. The RI considers this document as part of their own quality reporting, adding in actions they have also identified. The RI has a good understanding of the regulatory frameworks and has adapted their reports to consider the inspection themes, how the service is meeting these areas and where they want to develop. There is a clear dedication from all members of the management team to drive improvements at the service and deliver excellent care and support.

People are supported by care staff who are suitably recruited, very well inducted and continuously supported. We found all the required checks are complete before people begin working at the service, including disclosure, and barring service checks (DBS) and obtaining appropriate references. This is essential to ensure care staff are safe and suitable to work with adults at risk. New staff are inducted to the service, supported by existing experienced members of the team. We found sufficient numbers of staff are employed and rostered to work, meaning people receive the care they need in a timely way. Training is completed online and face to face. We found training statistics to be very good, demonstrating care staff are dedicated to ensuring they are well trained and have the knowledge they need to support people well. Care staff spoke positively about their role, saying they feel very well supported and enjoy the work they do. Care staff are supported to register with Social Care Wales; the workforce regulator and clinical staff are registered with the Nursing and Midwifery Council (NMC).

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.

Mae’r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh