Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Priory House Care Home

Priory House Home Care Ltd, 61-63, Gronant Road, Prestatyn, LL19 9LU

01745852650

prioryhousecarehome.co.uk

The inspection visits for this service took place between 07/07/2026 and 16/07/2026

Service Information:

Operated by:	Priory House Care Home Ltd.
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	29
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	Requires Significant Improvement
Environment	Requires Significant Improvement
Leadership & Management	Requires Significant Improvement

Summary:

Priory House Care Home provides care and support for up to 29 people. The home is situated within Prestatyn town and close the local shops and amenities.

People's well-being requires improvement as they are not consistently living in accommodation that promotes or supports the achievement of their personal well-being outcomes. Shortcomings in the quality and maintenance of the living environment, are having a negative impact on people's comfort, dignity and overall quality of life. People do always have a choice.

Care and support require improvement due to inadequate arrangements for the safe storage of medication and oversight of weight loss and falls management. However, people benefit from a committed and dedicated staff team who know them well and provide appropriate support, helping individuals to maintain their well-being outcomes as far as possible.

The environment requires significant improvement. The premises are not being maintained to a suitable standard and do not currently support the delivery of safe, dignified care. Poor upkeep, outstanding repairs and maintenance issues present risks to people’s health, safety and well-being and require urgent attention and investment from the provider.

Leadership and management also require significant improvement. The Responsible Individual has not ensured effective governance, oversight or organisational arrangements to support the safe and effective operation of the service or the delivery of consistently high-quality care

Findings:

Well-being — Requires Improvement

Personal care is delivered with sensitivity and respect, by good numbers of care staff. Daily care records show staff support people mostly in line with their assessed needs and personal plans. Records also showed when people declined aspects of care, this was documented appropriately. People appeared well cared for, wearing clean, appropriate clothing and presenting with a good standard of personal hygiene. Relatives spoken with consistently described people as being well presented and confirmed they were satisfied with the care their family members received. People living in the home told us staff responded when they used their call bells and said they felt supported when assistance was needed.

The systems in place to help keep people safe require improvement. The RI monitors the quality of the service, however, has not identified the issues found at this inspection which is placing people, staff and visitors at risk of harm. There is no oversight of falls management, weight loss and the safe storage of medications need attention. People do not always have the correct equipment before they move into the home which has placed them at risk of harm. Staff are recruited safely and have received training in safeguarding and there is safeguarding policy in place. There is enough staff to meet people's needs, provide supervision and support and keep them safe.

People do not always have control over their day to day lives. People told us they felt cared for and supported by staff and described staff as helpful. People said they were able to make choices about their daily routines, including deciding when to get up, go to bed and what clothes to wear. We observed positive interactions between people living at the service and saw people spending time together in communal areas. However, people's opportunities to engage in meaningful activities and maintain their well-being are inconsistent. Whilst some people told us they enjoyed organised activities and entertainment such as bingo, exercise sessions, arts and crafts, musical entertainment, hairdressing and nail care. Others said they felt bored between scheduled events and had little to occupy their time. There are not enough bathing facilities for people to choose from. Some people told us they were not given a choice in regard to their breakfast and meals.

People live in a home which is not being well maintained or safe. Equipment is regularly serviced to ensure it is safe for use. Some areas of the home are in need of refurbishment and cleaning. Some curtains and blinds were broken. Storage of equipment and other items have been placed in communal areas therefore people cannot freely use these areas as described in the statement of purpose. Infection prevention control practices require improvement. The provider does not have a robust environment audit in place to ensure the home is maintained to an acceptable standard. The home had received a food hygiene rating of 1 (major improvement was necessary). Since the inspection, this area has been reviewed following remedial work undertaken by the provider and

has been reassessed as 4, although some further work is still required.

Care & Support

Requires Significant Improvement

People are assessed before moving into the home. Information is obtained from health professionals, people and their families to help determine whether the service can meet their needs. Personal plans are developed using information gathered from a range of sources, including people, relatives and professionals. We saw evidence management regularly reviewed care records to help ensure they remained up to date. Personal plans contained detailed, person-centred information to guide staff in meeting people's assessed needs. Daily notes are completed consistently and demonstrated care is delivered in line with people's personal plans. Regular reviews help ensure records remain accurate and reflect people's changing needs. Staff spoken with knew people well and were able to describe how they supported individuals to achieve positive outcomes.

However, despite these arrangements, we identified an instance where one person did not have the correct equipment in place to support their safety. The management team took immediate action once this was brought to their attention. Furthermore, the provider's quality assurance systems had not consistently identified the issues found during this inspection relating to falls management and the oversight of weight loss. This indicates that, while care planning and record-keeping arrangements were generally effective, governance and auditing processes require strengthening to ensure risks are identified and addressed proactively, and that people consistently receive 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.

People's nutritional needs are not consistently supported to the standard expected and require improvement. Feedback regarding the quality of food was generally positive, with people describing meals as enjoyable and stating they looked forward to them. However, we observed limited availability of fresh fruit, salad items and vegetables within the home. In addition, there was little evidence that fortified food options were routinely available for individuals requiring enhanced nutritional support. Arrangements for monitoring and responding to weight loss require strengthening. More robust oversight is needed to ensure changes in people's weight are identified promptly and appropriate professional advice is sought without delay where required.

The service manages and administers medicines safely, but the storage requires improvement. People consistently receive their prescribed medicines. Staff complete appropriate medicines management training prior to administering medication, and competency assessments are undertaken to ensure safe practice. However, improvements are required in relation to the storage of medicines within people's rooms. We found that when medication storage temperatures exceeded the recommended range, appropriate action was not always taken.

Environment

Requires Significant Improvement

People's needs are not always met because some areas of the environment and maintenance arrangements require improvement. While the home appeared clean on initial inspection and many bedrooms are personalised and homely, further observations identified areas requiring repair, deep cleaning and better organisation. One bedroom required a deep clean. The carpet contained food debris, there was a noticeable urine odour within the room, and the overbed table used for meals had an accumulation of dried food spillages. Throughout the home, skirting boards were chipped and damaged and some window furnishings were not maintained appropriately, with curtains in several bedrooms not fully attached. We also observed broken blinds and a damaged window in a communal lounge area which allowed a noticeable draught into the room. The large ground floor lounge was being used as a storage area for chairs, curtains, a stained mattress, moving and handling equipment and hairdressing equipment. The room remained accessible and unsecured despite containing equipment and items which could pose a risk to people. The storage of these items significantly reduced the availability of communal space that could otherwise support people's well-being, social interaction and use of the garden. There is one usable shower in the home, and this is shared with the staff and visitor's toilet. 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 does not consistently identify, assess, and manage health and safety risks within the service. Systems are in place to monitor access to the home, with visitors required to sign in and out. Records confirmed that routine fire safety checks had been completed and that required servicing, maintenance, 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.

However, we identified weaknesses in infection prevention and control and environmental safety arrangements. Several clinical waste bins were filled beyond the recommended capacity, and staff were not consistently disposing of personal protective equipment waste appropriately in line with infection prevention and control measures. In addition, management were unaware of the requirements relating to the Control of Substances Hazardous to Health Regulations (COSHH) and had not ensured appropriate oversight of hazardous substances and the required documentation. There was no formal programme of health and safety checks to ensure equipment and the environment remained safe and fit for use. This included the absence of routine checks and monitoring of beds, call bells, sensor mats, wheelchairs and other equipment used to support people's care and wellbeing. The home had also received a Food Hygiene Rating of 1, (major improvement was necessary) following a food hygiene inspection in January 2026. Although this has since been reviewed and a new rating of 4 awarded, it is concerning that standards were allowed to deteriorate unchecked. 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.

Leadership & Management

Requires Significant Improvement

Governance and oversight arrangements are not effective. The service has been without a registered manager since April 2023. An interim manager is currently in post and is working towards the required qualification. However, leadership and management arrangements have not ensured effective oversight of the quality and safety of the service. While the RI visit reports evidence engagement with people living at the home and staff, along with reviews of selected records and documentation, they failed to identify a number of significant concerns found during this inspection. Furthermore, there was limited evidence that these visits were resulting in meaningful actions, measurable improvements, or enhanced outcomes for people using the service.

The provider has not demonstrated effective management systems to monitor the quality and safety of the service. Risks relating to nutrition, weight loss, falls, safeguarding, infection prevention and control, equipment safety, and environmental health and safety are not consistently identified, monitored, analysed, or addressed. In addition, there was no comprehensive system of routine health and safety audits to monitor the condition and safety of equipment and the environment. As a result, people cannot be assured they are consistently receiving a service that promotes their wellbeing, choice, independence, and safety. The provider has completed a Quality of Care Review, this was largely descriptive in nature and did not provide robust evaluation of service performance. The review did not demonstrate effective analysis of quality assurance information, audits, incidents, accidents, trends, patterns, stakeholder feedback, or outcomes for people. Consequently, it failed to identify a number of the shortfalls found during this inspection and did not provide sufficient assurance that governance processes were effective in driving continuous improvement.

In addition, the service provider has failed to publish their annual report within the timescales required by the Regulations. This represents a breach of regulatory requirements and limits transparency regarding the quality of the service. As a result of these concerns, and the impact on people's health, safety and wellbeing, a Priority Action Notice has been issued. The provider must take immediate action to establish effective governance, quality assurance and oversight arrangements to ensure people receive safe, high-quality care and support.

We found staff receive support from the provider through supervision, staff meetings, and training. Safe recruitment and vetting processes and ongoing professional registration checks are in place. A majority of staff have completed their mandatory training, but improvements are required in some areas such as COSHH training. 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.

Summary of Areas for Improvement	Date identified
Inadequate medication storage arrangements place people at risk of harm and do not provide assurance that medicines are being stored safely and effectively. Failures to follow recognised best practice guidance may impact the quality, safety, and effectiveness of medicines, potentially compromising people's health, safety, and wellbeing.	07/07/26

Summary of areas for Priority Action	Date identified
The provider has not demonstrated effective management oversight. Risks relating to nutrition, weight loss, falls, safeguarding and the environment were not consistently identified, monitored, analysed or addressed, resulting in people not always receiving a service that promotes choice, independence, wellbeing and safety.	07/07/26
Risks relating to nutrition, weight loss, falls, safeguarding and the environment were not consistently identified, monitored, analysed or addressed, resulting in people not always receiving a service that promotes choice, independence, wellbeing and safety.	07/07/26
People cannot be assured that the service is being effectively managed and overseen. Weaknesses in supervision and governance mean there is insufficient assurance that people's personal outcomes are being met, risks are being appropriately managed, and the quality of the service is being continuously monitored and improved.	07/07/26

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