Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Meddyg Care Dementia Home - Rhyl

71 Brighton Road, Rhyl, LL18 3HL

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www.meddygcare.co.uk

The inspection visits for this service took place between 08/09/2026 and 11/09/2026

Service Information:

Operated by:	Meddyg Care (Rhyl) Ltd
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care and support for people living with dementia, Care and support for people with a physical disability, Care and support for people with mental health needs, Care and support for people requiring short-breaks or respite care, Care and support for people with a learning disability
Registered places:	35
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	Good
Care & Support	Good
Environment	Good
Leadership & Management	Good

Summary:

Meddyg Care Dementia Home - Rhyl is in a quiet residential area, close to the seafront and local cafes, shops and amenities.

People have good well-being because staff know people well and support them to make everyday choices. People take part in activities that reflect their interests and benefit from meaningful engagement, positive relationships and a dementia-friendly environment. The service promotes the Welsh language and culture.

People receive good care and support because detailed personal plans provide clear, risk-assessed guidance for timely, respectful and dignified support that meets their needs. Medication and infection prevention arrangements are safe. Relatives and professionals are positive about the manager and the quality of care provided in the home.

People achieve good outcomes because the environment is clean, secure, and well maintained, with quiet areas, sensory features, and accessible outdoor space. There is ample equipment, supplies and facilities to meet people's needs.

Leadership and management support people’s outcomes through governance systems that identify issues and actions required. The provider has strengthened training since the last inspection. The manager ensures good staffing levels and deployment support people’s needs.

Findings:

Well-being — Good

People have control over their day-to-day lives and experience positive well-being outcomes. Staff treat people with dignity and respect. They use warm, reassuring verbal communication and physical touch adapting their approach to each person's needs and preferences. Staff offer choices about meals, drinks, activities and where people spend their time. They respond sensitively to each person's lived reality, recognising their individuality and emotional needs while considering those of others nearby. This promotes people's sense of control while managing risks to them and others.

Staff use people's histories and preferences to provide emotional support and meaningful occupation. We saw people dancing, singing, receiving nail care, and using sensory objects and pictures to engage in conversation. Staff recognise when people seek to continue familiar routines linked to their past social, family, or work lives. They respond sensitively by enabling them to take part in purposeful everyday tasks, such as collecting cups and laying tables. This personalised support keeps people living with dementia engaged in meaningful activities and promotes their physical and psychological well-being by helping them feel included. We saw people relaxing in positive moods and frequent warm interactions between staff and people they support, as well as between people themselves. Activity staff plan individual and group activities, while all staff support daily engagement.

Relatives told us they feel people are safe in the home, and they can approach staff and the manager if there is a problem. Relatives were positive about the home and told us staff know their family member well, keep them informed and respond when needs change. The manager ensures staff make safeguarding referrals, seek healthcare advice, and inform families and relevant agencies in a timely way when the need arises.

People are supported to maintain relationships. We saw affectionate, respectful interactions between people, and discrete support from staff to ensure people to spend time together but remain safe. Staff speak Welsh with people where this is preferred. There is bilingual and pictorial signage throughout the home to support people to orientate themselves in the home. Welsh culture and language are celebrated in the home with themed events, activities, and decorative touches around the home.

People live in accommodation that supports their needs. The home offers quiet and social spaces, sensory and interactive artwork on the walls and accessible gardens. We saw photos of people enjoying the garden, and saw people supported to use all areas of the home during our inspection visit.

Care & Support — Good

People receive good care and support reflecting their assessed needs, preferences, and personal histories. Strengths-based personal plans detail people's health, communication, relationships, interests, mobility, personal care, mental capacity, and professional advice. People and relatives contribute to planning and reviews, while staff record healthcare advice and update plans when needs change. Plans identify risks, including triggers for distress and expressive behaviours, and guide staff on reassurance and prevention. Senior staff complete quality checklists each shift to ensure care is recorded accurately and promptly. Experienced staff from the provider's other services are helping the team improve recording and safely embed its care model. New personalised booklets capture each person's preferences, life history, interests, and emotional cues. Together with individual risk assessments and care plans, these will help staff recognise distress early and provide consistent, individualised support that promotes calm and well-being.

We saw calm care tailored to people's needs. Staffing levels and supervision of communal areas were good during both visits. Staff respond to people without appearing rushed and work at an appropriate pace for each individual. They use suitable moving and handling techniques, explain each step, and maintain people's dignity. One-to-one staff focus on the person supported, following their lead and using preferred conversation topics, reminiscence, and tablet-based activities to engage them meaningfully. At mealtimes, staff offer choices in ways suited to people's communication needs, encouraging independence to maintains people's strengths and abilities.

People told us they feel safe. Relatives we spoke to confirmed this and were confident they could raise anything with the manager and be heard. Records show staff report safeguarding concerns, complete body maps when required, arrange professional assessments, and contact families, police and healthcare professionals as needed. The provider analyses incident data to improve the service. For example, they recently provided in-depth on-site training to further help staff recognise early signs of distress and prevent escalation to expressive behaviours that may affect others.

Medication is managed safely. We saw nurses complete appropriate checks, remain with the person until medicines are taken, record administration while with the person, and lock the trolley when stepping away. Sampled medication administration records contained no gaps and confirmed people received medicines as prescribed. Weekly stock checks and suitable best-interest decision-making for covert medication are in place. Infection prevention arrangements are also good. Daily cleaning staff follow checklists for bedrooms, communal areas and required deep cleans. The home received a level 5 food hygiene rating in January 2026. We saw staff use personal protective equipment correctly, while care plans address skin, wound and continence needs to reduce infection risks.

Environment — Good

People live in a safe, clean, and dementia-friendly environment that supports their independence and well-being. Communal areas, bathrooms, and corridors are clean, odour free, and free from clutter. The provider has invested in the decoration and appearance of the home since the previous inspection. Improvements include new furniture, secure door access, flooring, and sensory artwork. Interactive sensory wall scenes provide familiar sounds of daily life and points of interest to engage people living with dementia in reminiscence discussions. Bilingual and pictorial signs, contrasting coloured toilet seats, good lighting and clear separation between areas help people to find their way. Small seating areas allow people to rest as they move around the home. People can choose between busier lounges and quieter spaces. We saw people using both. The garden has secure boundaries, seating, covered areas, and raised planting. Further sensory planting is planned.

The provider manages improvement work in stages to reduce disruption. This is important because some people move around the service during the day and night. During our visit we saw decorating areas are safely separated while work takes place. Some carpeted areas remain stained, but the provider is replacing these with suitable non-slip flooring in a staged manner to reduce disturbance to residents. The home remained calm and accessible. Staff used music and sensory resources in communal areas, which supported engagement and made spaces feel welcoming.

Equipment and safety systems are maintained. Fire certification is current and lifting equipment receive required safety checks. Service records for hoists, standing aids, beds and pressure-relieving equipment are in date. Staff test room sensors routinely, and provider audits electronic call-bell information to ensure people are receiving timely support. There is CCTV in communal areas and externally along with secure access to key areas of the home to keep people safe. Leaders use CCTV to review incidents in communal areas, identify improvements and support learning. Previous sensitivity issues with motion sensors in people's rooms have been addressed to reduce false alarms causing disturbance to people, whilst ensuring risks to people are reduced. Maintenance staff complete repairs and environmental checks, and no unsafe equipment was found. Management oversight of environmental audits had not always been consistent. Leaders have restarted checks and allocated responsibilities between the manager and the provider's maintenance and health and safety teams.

Leadership & Management — Good

Leadership and management support good outcomes for people. The manager is visible, approachable, and knowledgeable about people's needs; we saw them supporting people and advising staff in communal areas. Relatives, staff, and visiting professionals spoke positively about the manager's professionalism, openness and responsiveness. Some health and social care professionals who regularly visit the home said the team acts on their advice and manages complex dementia care needs well. They also reported positive improvements in the service, although this view was not shared consistently by all professionals we heard from during the inspection.Staffing levels and deployment across the home meet people's needs. During both visits, staff were always visible in communal areas and one-to-one staff focused on the person supported. Allocation sheets identify staff deployment by floor, team leaders and clinical responsibility for each shift. We saw staff assist across all floors, with the manager and nurses providing additional support at busy times. The manager is increasing nurses' time on the floor to strengthen clinical leadership and support care staff. Sampled rotas showed consistent staffing across days and nights, including extra staff support on one night. Service leaders also provided significant on-site support during a recent period when people's dementia-related support needs increased.

Staff receive online, face-to-face and specialist training from internal and external trainers that meets people's needs. This covers dementia care, de-escalation, moving and handling, falls, medication, infection prevention and clinical topics for nurses. Regular supervision and annual appraisals support staff well-being and development. Staff told us they feel well supported and get the training they need to support people well. Safe recruitment and vetting arrangements include induction training, shadow shifts and probationary periods, alongside ongoing monitoring of professional registration, right-to-work and disclosure checks. Agency care staff are occasionally used during the day. The provider promotes continuity and quality by requesting familiar agency staff, checking their vetting and qualifications, and helping them learn about people they are supporting alongside knowledgeable permanent staff.

Governance systems are active. The responsible individual (RI) visits regularly and attends monthly management and quality meetings, where emerging issues and resulting improvement actions are reviewed. Quality reviews and audits cover incidents, safeguarding, medication, staffing, training and the environment. Records show leaders identify concerns and agree actions. They recognise quality-assurance records can be strengthened to show how decisions, incidents and feedback inform improvement. Revised reviews, including unannounced mock inspections, are being implemented to monitor progress and whether actions are effective and sustained.

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.

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