



Arolygiaeth Gofal
Cymru
Care Inspectorate
Wales

Inspection Report

Dolanog



Dolanog Residential Home, 87 Russell Road, Rhyl, LL18 3DU



01745353355



www.dolanogresidentialhome.co.uk

The inspection visit took place on 28/01/2026

Service Information:

Operated by:	DOLANOG RESIDENTIAL HOME
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	28
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:

Dolanog is a residential home situated in Rhyl. It is close to local amenities, such as shops and GP surgeries, and in walking distance of the sea front. It has been a registered charity since 1965 and is run by a board of trustees. The home is warm and welcoming and offers a good environment for people living there.

Care staff know people well and treat people with dignity and respect. They know people's strengths and preferences and deliver good quality care and support to ensure these are met. People are supported to achieve good wellbeing outcomes.

The management team are experienced and committed to offering good quality care to the people living in the home. They have strong processes in place for the oversight of the service and staff team. The responsible individual (RI) visits the service regularly, speaking to people and staff for their views. Whilst they make regular visits to the service they do not regularly review records to consider if the service is running smoothly and any possible areas for improvement. We have issued an area of improvement for the quality-of-care reports. However, this is not currently affecting the service people receive and there remains a good rating for leadership and management.

Findings:



Well-being

Good

People can make choices about how and where they spend their time. There are communal lounges for people to sit and relax, or socialise in. They are supported to spend time in their room if they prefer with care staff ensuring they have everything they need close at hand. This includes a call bell to alert them if they require assistance. Care staff organise activities for people to choose from. During our inspection, there was a game of bingo and karaoke. There are photos on display of people enjoying a variety of activities. People have a choice of two options at mealtimes and can request alternatives if they wish. One person described the food as “*beautiful*.” Communication needs are suitably met to ensure people and staff can understand each other. Where needed different communication methods are used such as picture exchange communication system (PECS). Welsh language preferences are considered at initial assessment. One staff member speaks fluent Welsh, other staff have basic knowledge of the language. People enjoy helping care staff learn new words and phrases in Welsh.

People are safeguarded from abuse and neglect. The manager and deputy manager have an open-door policy, allowing people, relatives, and care staff to approach them at any time with issues or concerns. They deliver care themselves and cover any gaps in the rota, which allows them good oversight of how the service is running. People told us care staff attend promptly to meet their needs. Relatives told us they have open communication with the service and are kept informed. People who lack capacity to consent to their care and accommodation needs are protected by deprivation of liberty safeguards, meaning they have access to a representative to ensure their voice is heard and their rights are upheld.

Care staff support people to maintain relationships with family and friends. Visitors are welcome at any time, and without arranging an appointment. They told us they always find the service has a pleasant and welcoming atmosphere whenever they visit. Care staff spend time chatting to people and know them well, forming friendly relationships with them. One relative told us, “*X smiles more at the staff than us now*.” There is an adapted minibus which is used to transport people to meet relatives and friends for trips and days out.



Care & Support

Good

People's personal plans are strengths based and outline how staff should support people to achieve their wellbeing outcomes. The manager completes a thorough initial assessment before offering a place in the home. They consult with people, friends, and family to gather information about their past, their likes and dislikes, hobbies, and interests and how they would like care to be delivered. This information feeds into the personal plans, ensuring people have clear, detailed, person-centred plans. These are also clear about people's strengths, enabling care staff to promote their independence. Care staff ensure any healthcare monitoring, such as people's weights and food and fluid charts, are completed in line with personal plans. These records are reviewed to identify patterns, which can improve people's care. For example, if they eat better in the dining room, they can be encouraged to eat there more frequently. People have clear moving and handling plans in place, which care staff follow to ensure people are moved carefully and treated with dignity and respect. They follow any professional advice with regards to this and consider the person's own preferences. There are also risk assessments to identify any risks and how these can be reduced. They are reviewed monthly alongside personal plans, providing a person-centred summary of how the person has been during the previous month.

People are referred for care and treatment at the right time, and any advice by healthcare professionals is carried out as directed. Healthcare professionals told us care staff are prompt in seeking advice and escalating concerns. If people are developing any pressure sore areas, they seek advice from healthcare professionals and take measures to alleviate the pressure, such as repositioning. They are prompt in submitting new prescription requests, ensuring people have any medication they need in a timely manner. One healthcare professional we spoke with told us the service has "*People's best interests at heart.*" Care staff follow the latest guidance and advice in delivering oral mouthcare, and some are oral healthcare champions. Care staff record detailed person-centred daily notes, which can be referred to as an accurate record of the care they have received.

People receive their medication as prescribed and in accordance with national guidelines and the service provider's own medication policy. We saw medication is stored safely and securely. Care staff follow the correct procedures in administering medication, such as having a member of staff to observe and counter sign when any controlled drugs are administered. They maintain an accurate record of medication administration. Care staff receive medication competency assessments to ensure they have the required knowledge and skills for this responsibility.



Environment

Good

People have access to a variety of different communal and private spaces, in which to spend time alone, socialise, or entertain visitors. On the day of inspection, people were making use of different lounges, chatting with friends and care staff, or watching TV. There is a fish tank in one of the lounges, which some people find relaxing to watch. There is a large dining room, in which people can socialise over meals. People can personalise their rooms and bring their own items of furniture if they wish. People have access to a range of specialist equipment to assist with their mobility needs. There are grab rails throughout the service for those who are able to mobilise independently. We found the building clean and tidy throughout, and there are cleaning schedules in place.

Regular servicing, maintenance, and immediate repairs of facilities ensures the safety and wellbeing of people using the service. Fire safety equipment is regularly checked and serviced to ensure it is in good working order. Care staff are periodically tested on their knowledge of emergency evacuation procedures with fire scenarios. Electrical and gas safety certification is up to date. Water safety checks are completed to reduce the risk of legionella. The service has a food hygiene rating of five, which is the highest that can be achieved. The service provider ensures repairs are prioritised and environmental risk assessments are in place where required. They seek advice from external professionals to ensure the safety of the building. The manager completes a weekly walk around to ensure the building is safe and secure. There is a visitor signing in book and we were unable to enter the premises without making ourselves known to staff.

The service provider makes ongoing investment to improve the building and facilities. Whilst there are some areas of wear and tear in the home, the service provider has an ongoing refurbishment plan. New gas boilers have recently been installed. There are plans to upgrade the fire alarm system and purchase new chairs and continue to replace carpets.



Leadership & Management

Good

The management team has effective oversight and governance arrangements. They have audits in a range of areas, to monitor the care and support that people are receiving. These include monthly medication audits and a manager's walk around, to check the environment. The home also works with external agencies to undertake audits of practice and the environment, such as medicines management. The manager ensures audits that identify areas of improvement are acted upon.

The service provider has ensured there are suitable contingency arrangements to ensure the care and safety of people during emergency situations. The board of trustees undertake monthly visits to the service, and the RI visits regularly in line with guidance. They ensure they engage with a range of people and staff for their views. The RI's quality-of-care report does not fully evaluate feedback or analyse audit findings. It does not set out clear plans for improving the service. This is an area for improvement as while there is no current impact to people, the limited oversight could place people at risk if the management arrangements change or weaken. However, the strong management team and oversight ensures people are still achieving good outcomes and this has not affected the rating for leadership and management at this inspection.

People live in a home that has sufficient numbers of staff who are recruited diligently and safely, with appropriate workforce registration and criminal record checks undertaken. We spoke to staff, people living in the home, and their families who were satisfied by the staffing levels and competence of those delivering care. We saw staff rotas which reflected the intended staffing levels. The home rarely uses agency staff but if they do they ensure consistency using the same agency care workers.

Staff complete relevant mandatory training, such as moving and positioning and medication, and managers check their competency to make sure staff can apply their learning in practice. They are supported to undertake vocational qualifications and can access other training when it is identified as a development need. Staff can do this through regular supervision sessions and annual appraisals which are staff centred and reflective. Care staff told us they have a supportive and flexible management team. They are comfortable to approach the manager and deputy manager with any issues or concerns and confident they will act on any issues raised.

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
We identified a risk of poor outcomes for people as the quality of care reports do not contain analysis of the quality of care provided, this means there is not sufficient oversight to ensure the service is running smoothly.	28/01/26

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

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