Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Blenheim

9 River Street, Rhyl, LL18 1PY

01745351159

The inspection visit took place on 13/01/2026

Service Information:

Operated by:	Alliance Care and Support Limited
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for learning disability
Registered places:	6
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	Excellent
Care & Support	Good
Environment	Good
Leadership & Management	Good

Summary:

Blenheim is a small residential home in Rhyl that provides support to people who have been diagnosed as having mild to moderate learning disabilities and are between the ages of 18 and 65 year of age.

People experience excellent well-being at Blenheim. They feel listened to, supported and respected, and staff promote their rights, independence and emotional security.

People experience good quality care and support. Staff know individuals well and deliver care that is person-centred, respectful and responsive. Health needs are well managed. Records are detailed and up-to-date, and individuals are supported to maintain independence and meaningful routines. The environment is warm, personalised and well-maintained. Leadership and management are strong because there is effective oversight and care staff feel well supported.

Findings:

Well-being — Excellent

People experience excellent well-being because staff know them well and support them in ways that reflect their preferences, routines and communication needs. Personal plans, “This Is Me” documents and one-page profiles contain extremely detailed information about people’s histories, what matters to them, and the support that helps them feel safe and settled. These plans outline preferred routines for personal care, mealtimes, sensory preferences and how individuals like their daily activities to be structured.

Risk assessments are proportionate and personalised, with clear guidance on how staff can support people’s emotional well-being, anxiety triggers and community-based risks. Deprivation of Liberty Safeguard authorisations are in place where required, helping to ensure people’s rights are upheld in line with relevant legislation. Daily care notes provide clear records of mood, participation in daily events, food and drink intake and any changes in presentation, which help staff maintain a good overview and understanding of people’s well-being.

The service works hard to ensure people have as much control over their day to day lives as possible and understand their rights and entitlements. This is achieved through collaborative working with advocacy and other important relationships and services in people’s lives. People have very positive relationships with staff, and we saw warm and respectful interactions throughout the inspection. Staff offer meaningful choices in day-to-day life, such as where to complete personal care or preferred rooms for activities. When communal areas were temporarily unavailable due to maintenance, staff consulted people about alternative spaces, ensuring routines continued in a way that suited them. People’s opinions and what is important to them shape the way the service is run. Communication passports have been created for each resident which are shared with visiting professionals so they can understand how best to communicate with people. We saw evidence of staff working in close partnership with external stakeholders to address potential support gaps that posed a risk to people’s well-being outcomes, ensuring people remain at the centre of decision making and their rights are continually upheld.

Health and emotional well-being is promoted effectively. People benefit from consistent access to healthcare professionals, including regular psychiatric reviews where required, annual health checks, regular GP consultations and dental care. Staff take prompt action when concerns arise. Traffic Light Hospital documents, dental passports and Speech and Language Therapy (SALT) communication plans were in place and reflect current needs, which means health professionals understand people’s needs quickly in the event of a hospital admission or during health appointments.

Care & Support — Good

People experience consistently good quality care and support that is person-centred, responsive to their individual needs and aligned with their personal outcomes. Personal plans reviewed are detailed, strengths-based and reflective of people's preferences, routines and communication needs, supporting staff to provide consistent care. "This Is Me" documents, one-page profiles and risk assessments contain rich personal information and proportionate guidance, enabling staff to understand what matters to each person and how best to support them. Personal plans also highlight individuals' independence and routines, such as self-medicating, engaging in community activities and independently managing aspects of personal care.

Daily notes demonstrate clear recording of concerns, observations and outcomes from health appointments, including dental reviews, psychiatric input and oral health interventions. Staff act promptly when needs change. Regular health monitoring is embedded, including three-monthly psychiatric reviews, annual health checks, SALT communication guidance and weight monitoring. Health documentation such as Traffic Light Hospital passports was up-to-date and reflective of current needs, supporting safe and well-informed care during external health appointments. There are clear systems in place for communication between shifts. The communication book includes instructions on how staff should use it and signatures to confirm entries have been read. Handover is carried out verbally each shift, which is proportionate to the size and layout of the service.

Medication is managed safely. Medication administration records contained no gaps, as required medication was administered and recorded appropriately, and medication profiles matched prescription records. Medication audits and staff training were in place, and no medication errors had occurred since the last inspection. Where external factors affected medication ordering, staff mitigated these well, ensuring people continued to receive prescribed treatments safely and consistently. Only care staff who are trained and competent administer medication.

Environment

Good

People live in an environment that is safe, comfortable and personalised to their needs. Bedrooms viewed are clean, well-presented and highly reflect people's identities, including personalised décor, pictures, hobbies and sensory preferences. Communal spaces are tidy and functional, and staff have adapted areas creatively, such as relocating the sensory room to a larger space to better meet people's needs. When people's needs change, the environment is changed accordingly to meet their needs as much as possible. There are communal spaces for people to use as they wish, and a secure rear garden people access and use more in the warmer months. People access the service through a securely locked door and are required to sign in on arrival. The provider has infection prevention and control polices, with good measures in place to keep people safe.

A range of environmental safety checks are completed. Records showed weekly fire alarm tests, carbon monoxide detector checks, and unplanned fire drills. Emergency lighting is tested six-monthly and the home maintains clear pictorial evacuation signage. Room safety checks are carried out routinely by staff and monthly by the manager, covering temperatures, lighting, windows, appliances, flooring and evacuation pathways. Maintenance logs evidenced timely repairs and ongoing improvements across the home. Gas safety and boiler servicing are up to date. These arrangements demonstrate a proactive approach to maintaining a safe environment.

Leadership & Management — Good

Leaders provide effective oversight and create a positive working culture that supports good outcomes for people. Staff told us they feel well supported, and records show regular staff meetings, supervision, medication observations and ongoing training. Staff receive an induction specific to their role and management ensure staff receive the support that they need through annual appraisals and one to one supervision meetings. Care staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. We saw Disclosure and Barring Service checks, Social Care Wales registrations, training and supervision are up to date which demonstrated clear managerial oversight of workforce requirements so people can therefore be sure they are supported by sufficiently skilled and vetted staff.

The service uses a combination of electronic systems to manage policies, supervision records, competency checks, DoLS alerts and incident reporting. These systems help maintain strong governance arrangements and oversight by the manager and Responsible Individual (RI). The RI visits the service regularly to inspect the property, check records and gathers the view of people and staff. Reports relating to visits show aspects of the day to day running of the service. Regular management audits are completed, and actions taken if issues are identified. RI visit reports and quality of care reviews show active engagement with staff and residents, strong staff morale and a stable workforce. People and staff provide feedback through questionnaires and resident and staff meetings. Feedback is considered and actions are taken accordingly. Staff described the manager as accessible and responsive, and we observed positive working relationships across the team.

We observed a rights-based approach within the service, placing people at the centre of their support. This culture has clearly been cultivated by the leaders at the service who know people very well and underpin their approach with person-centred principles, relevant legislation and continually considering people's best interests, which in turn means people feel empowered and their well-being outcomes are upheld.

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.