



Inspection Report on

Cerrig yr Afon nursing home

**Resicare Ltd
Cerrig Yr Afon Nursing Home
Caernarfon Road
Y Felinheli
LL56 4NX**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

08/11/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Cerrig yr Afon nursing home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Resicare Ltd
Registered places	57
Language of the service	Both
Previous Care Inspectorate Wales inspection	20 July 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

The home is currently in administration and the administrators have appointed a specialist company to run the home until a buyer can be found.

We observed many positive improvements since the last inspection to ensure the service is meeting the regulations. People can make choices, follow their own routines, and engage in different activities. People have control over their day to day lives and take part in a variety of activities that they enjoy. We saw there is a good rapport between people and staff who treat them with dignity and respect. People's personal plans have improved, more organised and person centred; this remains an ongoing process.

Staff told us they feel more supported, and morale has improved. There is enough staff to keep people safe and to meet their needs. Staff training is improving and there is a training plan in place. There is a peripatetic manager who has responsibility for the day-to-day smooth running of the service. Documentation and internal quality assurance systems are now robust.

People enjoy a clean, warm, bright home that is suitable for their needs. Improvements of the home are underway and ongoing, including redecoration and refurbishment to further enhance the environment.

Well-being

People are able to exercise choice in their daily lives. People look happy and comfortable in the company of staff and are uplifted by the support and care they receive. We saw staff interacted with people in a warm, caring, and respectful manner. We saw staff communicating with people in ways they understood. We observed people are given choices such as when to get up if they wanted to stay in their rooms or sit in the lounge. We saw that a rolling menu of freshly homemade meals is provided, and that people have options at each mealtime. People told us their views and opinions are listened to and they can raise any concerns with the staff team or management. There is a variety of activities for people to engage in.

People's physical and mental health is monitored appropriately. Staff refer people to health care professionals in a timely way. People are provided with assistance with their dietary needs and repositioning to prevent pressure damage. There is evidence of GP and specialist reviews in people's personal plans. Advice and instructions given for people's care is also recorded. Risk assessments are in place to ensure people's safety and reviews of these are recorded.

There are clear systems in place to safeguard people. Safeguarding policies and procedures are aligned to current legislation. Care staff demonstrate a good understanding of their responsibilities in relation to safeguarding. Care staff told us they feel they could approach the management with any concerns and feel confident management would address these appropriately. There are good systems in place to ensure confidential information is stored securely. Staff training has improved and there is a training plan in place.

People live in a clean and comfortable environment. The service is warm, homely and all areas of the home are now clear of trip hazards so people can safely walk around. People are free to move about and sit in different areas both inside and outside their home. Improvements and investment is ongoing regarding the décor and furnishings. We looked at a sample of rooms, which are personalised, clean and investment is being made in replacing some flooring and in keeping with people's preferences. Clinical storage rooms and cleaning cupboards are now locked and secure.

Care and Support

People can feel confident there is an accurate and up-to-date personal plan of how their care is to be provided in order to meet their needs. Care records are improving and are comprehensive, current, and relevant. Needs assessments have been completed along with risk assessments, which are reflected in people's personal plans. Care files contain a "This is Me" document which includes details of people's likes, dislikes, routines, and what is important to them. We saw family/representatives had been consulted about their relative's personal plans and their views have been documented. Staff review personal plans on a monthly basis and any changes to the person's circumstances are recorded and updated to ensure staff have the most up-to-date information.

Care and support is delivered in a dignified manner. We saw exceptionally warm interactions between people and their care workers and nurses. People told us the care is 'excellent', *'things have recently changed for the better, lots more interaction'*, *'the home is more homely and there's more Welsh speaking staff'*. The dining experience has improved, tables are laid nicely with menus on display. One person commented *'the manager even sits and has lunch with us'*. People told us they get the right care at the right time, and only wait a little while if staff are supporting someone else, but they also told us they fully understood this and had no issues. One person said, *'we are now being listened to and the manager visits us daily'*. We saw people had call bells to hand and any other items they needed such as drinks and books were within reach. There is a 'hydration lead person' who ensures people who at risk of dehydration receive adequate support with their drinks and take prompt action if needed.

People have choices and are involved in development of the service. We saw a consistent approach where all staff offer people choices. Well-being activities are routinely offered, and people are supported to take part if they wish. These are varied and facilitated by an enthusiastic team. People receive good care which was described by three family members as 'excellent' 'professional', *'the staff are fabulous'*, *'the home is full of hustle and bustle'* and thanked the manager for looking after the home. People who need help with decision making have help from families or advocates.

Environment

There are now systems in place to ensure the environment is safe, secure, and hygienic. The home is secure with a key code entry and sign in system for visitors. Rooms such as domestic cupboards and clinic rooms are locked and there is a refurbishment plan in place which includes decoration of the environment and replacement of some carpets. People's rooms are clean and tidy. New Personal Emergency Evacuation Plans (PEEP'S) are in place and are more detailed. Hygienic practices to manage the risk of infection has improved. There is now an infection control lead person who completes spot checks and ensures the general cleanliness is kept to a high standard. Personal Protective Equipment (PPE) is disposed of correctly and toiletries are correctly stored away. People can now be confident their personal and sensitive information is stored away securely.

Leadership and Management

There is a rigorous process for the day-to-day oversight and management of the home. A 'regional manager' oversees the 'peripatetic manager' of the home. They are supported by the wider organisation. All are available to staff and people living at the service to answer questions, listen to suggestions and help drive improvement. The peripatetic manager is well-thought of, and has demonstrated commitment, leading by example, encouraging staff and developing good relationships with people who live at the service. This demonstrates the service's flexibility and success in supporting people to achieve positive outcomes. One family member told us how they liked the improved communication with the management team. People and relatives fed back there are positive improvements in the service and praised the new management team.

Governance arrangements have improved and there is good oversight of the service. Clinical oversight has improved, and staff commented positively about the improvements in the leadership and management of the home and staff morale. A 'impact audit' has been completed and a detailed action plan has been formulated to improve the service. The manager completes daily walkarounds and provides hands on care alongside staff. A new handover sheet has been implemented and a 'Pen Picture' of the person is being completed for all residents. This contains key information about the person such their likes and dislikes, there is also a meal map which has been put in place to inform staff about the persons diet type and dietary requirements.

The service provides staff who are suitably fit, skilled, and knowledgeable with appropriate numbers in place. Thorough checks are now carried out and clear documentation is available around personnel to show they are fit to work with vulnerable adults. Staff said they feel supported and have suitable supervision meetings on a regular basis where they can discuss their practices and professional development. Staff have and are in the process of completing the necessary training to enable them to carry out their roles safely and competently and there is a robust training plan in place. There is enough staff employed to meet the needs of people and staff told us they are very happy in their role and speak positively about the support they receive.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
36	Staff do not receive up to date training to meet the needs of people in the home in line with their own Statement of Purpose. Staff training is required to provide staff with an understanding about promoting people's rights, empowerment and independence.	Achieved
15	Personal plans do not always set out the steps to be taken to instruct staff in a person-centred manner and are not always put in place within the required timescale. Personal plans must be implemented to assist staff in providing appropriate care and completed comprehensively to accurately reflect the care given and any changing needs.	Achieved

21	People using the service are at risk due to poor practices as care is not provided in a consistent manner. Clinical supervision must improve to ensure people's dignity and the fundamentals of care is prompted.	Achieved
44	The provider has not ensured the premises is maintained to an appropriate standard to meet the needs of people cared for. Environmental issues relating to cleanliness, storage and unlocked doors must be addressed to ensure people are safe from harm and live in a comfortable clean environment.	Achieved
56	The provider has not ensured the service is being delivered in line with their own policies and procedures for the prevention and control of infection. Improvements are required relating infection control practices, the disposal of used personal protection equipment and the use of communal toiletries.	Achieved
66	The Responsible Individual has failed to adequately demonstrate they are meeting their obligations for the supervision and oversight of management of the service. A review of the governance and oversight arrangements must be strengthened to ensure the home operates safely and effectively for the individuals receiving care and support.	Achieved
47	People's personal and confidential information is not stored securely. The service provider must ensure sensitive and confidential information is stored securely at all times.	Achieved
35	Pre-employment checks are not fully completed prior to new staff being employed to work at the service. The provider must ensure there is an effective process in place to ensure that care staff have the required references in place prior to them commencing their post and all staff have an up to date DBS in place.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
58	People do not receive their prescribed creams as prescribed. The provider must ensure people receive their prescribed topical medicines as prescribed.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 07/02/2024