Arolygiaeth Gofal Cymru
Care Inspectorate Wales

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

24/07/2023

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	11 January 2023
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

This was a focused inspection and, on this occasion, we have not considered well-being, care and support, environment and leadership and management in full.

People cannot be confident there are adequate systems and processes in place to enable proper oversight of the management, quality, safety and effectiveness of the service. At the last inspection we issued six Priority Action Notices and highlighted one area for improvement. At this inspection one Priority Action Notice has been met and two new Priority Action Notices have been issued. The responsible individual has not engaged with CIW throughout the inspection process.

Some people within the service, who can express their needs, experience person centred care with a focus on what is important to them however, this is not consistent for everyone. Interactions between people and staff are positive and respectful. Improvements are required in staff training and staff recruitment. Improvements are required to ensure personal plans are completed in a timely way, person centred and involve people and their representatives. Records of care are not always accurate or consistent to evidence what care and support has been provided or actions taken when needs change.

Infection control practices require improvement. The environment is spacious, and the lounge and dining room has recently undergone refurbishment. Improvement is required to ensure the environment is safe.

Well-being

As this was a focused inspection, we have not considered this theme, in full.

People do not always have control over their day-to–day life. We observed positive relationships and warmth between care workers and people living at the home and are treated with courtesy and kindness. We could not evidence people have a bath and shower and one person said they would love to have a bath but not had one.

People's physical, mental health and emotional well-being needs are not always being met. People's care and support needs are not always fully known prior to their admission into the service, and personal plans are insufficiently detailed. Improvements are required in staff providing assistance with fluids, food supplements and repositioning. People benefit from a variety of social activities and pastimes of their choice. People are referred to health services in a timely manner and are seen by health and social care professionals.

People are not always protected from abuse and neglect. Storage of confidential information is poor. We saw many care files and other sensitive information left in the lounge and in the corridors. People who lack capacity to make day-to day decisions are subject to Deprivation of Liberty Safeguards (DoLS), however one recent application on a new resident had been completed by a staff member who has not worked in the service for a long time. Infection prevention control practices continue to be poor and require improvement. Staff training remains inadequate and requires improvement.

People live in a home which is not being well maintained or safe. Refurbishment of the lounge and dining room now provides a homely and welcoming experience for people. Doors are left unlocked regarding cleaning cupboards and clinical storage areas. Communal toiletries continue to be used and the corridors are cluttered. The condition of some rooms we viewed was poor with stained carpets and a notable odour.

Care and Support

As this was a focused inspection, we have not considered this theme, in full.

People do not always receive the right care at the right time or in the way they want it. Fluid audit records are not effectively maintained and show half the residents on numerous days were not receiving adequate support from staff with their fluid intake. There was a lack of action from the nurses in ensuring people were adequately hydrated. Recording of actual times when people are repositioned continues to require improvement. Dressing changes to pressure sores are not completed as prescribed. We continue to see topical medication is not applied as directed. This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

People do not always receive appropriate person-centred care. We saw various activities being conducted during the inspection which many residents enjoyed participating. Others preferred not to, their voices were heard and respected. We heard many instances where staff spoke to people respectfully and in a courteous manner. We saw a number of call bells were out of reach and in one instance we found one person was distressed and required assistance, we pressed the call bell and no staff responded, the inspector had to intervene to find assistance for the person. Another person, who was very chesty, was positioned flat on their back and was having difficulty. A staff member said they would remind staff this person should positioned upright.

People are not supported by care workers who have information required to provide the correct care and support. Appropriate risk assessments are in place to record how identified risks to people's safety are managed. Pre-admission assessments are not fully completed and lack detail before a person moves into the home, therefore important information about people's needs is not obtained. Personal plans are missing, and others are not person centred and do not involve the person or their representative. This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

Environment

As this was a focused inspection, we have not considered this theme, in full.

The systems and processes in place to identify and deal with risks to people's health and safety are not sufficiently robust. The main lounge and dining area have recently undergone refurbishment. These areas are welcoming, homely, bright and people now have different areas where they can sit with their friends and visitors or sit in a quieter area. The environment is not as safe as it could be. We saw a number of rooms which should be locked were unlocked and equipment not stored correctly. We identified areas of concern at the last inspection regarding stained carpets and malodour in some bedrooms. Water temperature charts are in place but not completed before have a shower. Some improvements have been made; however, we continue to find these concerns at this inspection. This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

The service does not adequately promote hygienic practices or manage the risk of infection. We saw Personal Protective Equipment (PPE) had been disposed of in non-clinical waste bins despite there being clinical bins at the side of them. We continued to see communal toiletries in bathrooms at this inspection. There was no toilet seat on one toilet, and another had scuff marks. This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

People cannot be confident their personal care and other sensitive information will be kept safe. We saw a number of data protection breaches which included several care files in the communal lounge area, the corridors and in cupboards. People's room numbers and with instruction when they are repositioned is on display in the corridor and we saw documents in the communal lounge where staff had recorded who had been washed by night staff. Staff we spoke with did not have an understanding of the need for confidentiality of such documents. 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 and Management

As this was a focused inspection, we have not considered this theme, in full.

The service provider has governance arrangements in place to support the smooth operation of the service. However, they lack oversight and have failed to identify the ongoing failures found at this inspection such as personal plans, infection prevention control practices, training and failures in poor pre-admission assessments and staff recruitment. The responsible individual (RI) has not engaged with regulator throughout the inspection and therefore we have not been able to provide formal inspection feedback. This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

Recruitment checks are inadequate and not sufficiently robust. We looked at several staff personnel files and found not all the necessary information has been obtained. Some staff files did not contain two references and others had two references from their work colleagues and not from their previous employer. Disclosure barring service (DBS) checks are made prior to staff commencing employment; however, we noted at the time of inspection the responsible individual DBS had expired and a new application was made when the inspector made enquiries. 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.

Compliance with staff training remains poor. Action is still needed with developing staff and training that will equip them with the necessary skills and knowledge to effectively carry out their care roles. This has previously been raised at the last two inspections. Records show when staff training is due for renewal and not when training had been completed. A number of modules are due for renewal on the same date which suggests many modules we were completed electronically on the same day. We requested evidence of when staff had completed their training and we were told this was not possible. There are a number of people who have diagnosis of dementia in the service and staff have not completed any training in this area. This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

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
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.	New
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.	New
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	Not Achieved

	people's rights, empowerment and independence.	
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.	Not 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.	Not 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.	Not 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.	Not 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.	Not Achieved
57	The provider has not adhered to the advice from the fire authority, which has placed some people at risk of harm.	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.	Not Achieved

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Date Published 11/09/2023