



## 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**

04/03/2021

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## 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	6 November 2020
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service

### Summary

This was a focussed inspection, and on this occasion we did not consider the well-being, care and support and leadership and management in full.

Staff receive training and support to ensure they understand the needs of people living in the service, and can provide appropriate support. Detailed care records ensure staff have an understanding of clinical needs but these could be further developed to ensure they are person centred and views are sought from the person themselves or their representative. Peoples health needs are closely monitored and referrals to professionals are made in a timely manner. People spoke positively about the staff and the care support they receive. Systems are in place to ensure there are sufficient numbers of competent and trained staff are on duty to meet the needs of people. Improvements are required in the governance arrangements to monitor and review the quality of care being provided to ensure regulatory requirements are met. We have issued an improvement notice due to continued non-compliance in relation the overall leadership and management of the service.

## Well-being

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

Records show people's health and well-being is supported through access to health and social care professionals. People confirmed they stay healthy as they can be because care staff seek advice and support promptly and when necessary. Professionals confirmed they have communication with care staff which ensures people get the right support. We saw staff interact with people in a warm, caring respectful manner. They are attentive and have good awareness of people's dignity.

People are listened to and have influence over the care they receive. We saw people were treated with dignity and respect. Personal plans give care staff information they require to provide safe effective care, but these plans could be further improved by ensuring they are person centred. People have a choice as far as possible and make their own decisions in how to spend their time.

The provider promotes peoples physical and emotional needs. There are systems in place which allows for changes in peoples care needs to be communicated quickly to staff. Staff are trained to support people with the skill to support people effectively. Staff contacted health professionals when needed in a timely manner. There are adequate staffing levels to ensure people's needs are met in a timely manner.

There are mainly systems in place to protect people from abuse and neglect. There are risk assessments in place in place which identified people's vulnerabilities and strategies for protecting them from harm. Staff follow up to date infection control guidance to reduce to prevent the spread of infection. Governance arrangements require improvement to ensure they are learning from previous incidents highlighted in the previous inspections and drive improvements in the service.

## Care and Support

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

People's health is monitored and advice is sought from professionals to ensure their needs are met. A new hand-over sheet is in use for staff to share essential care information and to closely monitor people's immediate care needs. People's weights are monitored closely and any significant changes or concerns are reported to the dietician or speech and language therapist in a timely manner. Regular reviews are held with the GP and referrals are made to other professionals such as the tissue viability nurse in a timely manner. These reviews and outcomes are then documented in the personal plans and risk assessments. People who are at risk of pressure damage, weight loss or dehydration had appropriate repositioning and food/fluid charts completed as prescribed in their personal plans. Any concerns are escalated to the nurse in charge.

People can feel confident they have an accurate and up to date personal plan in how their care is being provided in order to meet their needs. Care records are detailed and updated regularly to make sure staff had the right information. Further improvements should be made in ensuring they are person centred and involve the person themselves or their representative. We were informed by the responsible individual that plans are in place to develop these documents in the very near future. Risks to people's health and well-being were clearly stated, and measures in place to minimise these risks. This ensures people who were at risk of falls, weight loss or developing pressure damage had the relevant safeguards in place. Risk assessments are detailed, and reviewed on a regular basis, or when circumstances changed.

People receive care from staff who treat them kindly, with respect and dignity is promoted. We saw some positive examples of care delivery where staff were interacting and supporting people. We saw people who require assistance with their diet and fluids are supported in a caring and dignified manner. One person did not fancy what was on the menu for lunch and staff offered an alternative meal. We noted when call bells were pressed staff responded quickly. Staff delivering care display knowledge of the people they support. People speak very positively about the staff providing support and they all commented the staff work very hard and they were treated with kindness and respect.

## Environment

As this was a focussed inspection we have not considered this theme in full. The service provider has improved infection control practices and manages the risk of infection. Prior to this inspection improvements in infection control practices had not been sustained and a significant COVID-19 outbreak occurred in the home. Support has been provided by the Local Authority and Health Board. We noted at this inspection that Improvements have since been made. We saw staff adhering to current infection control guidelines which has now minimises the risk of spreading infection. The home is kept tidy, all areas were clean and fresh. Staff have received training in infection control and there is ongoing support by the practice development nurse. There is an infection control lead person in place to offer up to date advice and support. There is adequate supplies of personal protective equipment (PPE), such as aprons and gloves, and we saw staff use these appropriately. Policies and procedures are in place which reflect current legislation and guidance to promote hygiene practices.

## Leadership and Management

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

People can be assured that staff have been through a robust recruitment process, are supported and trained to enable them to fulfil their role. We looked at three staff files which demonstrated all the required checks had been carried out. Staff have completed an application form, provided references, proof of identity and subject to a criminal records check before starting work. Staff receive regular supervision and have the opportunity to discuss what is going well and discuss any areas they would like improve, such as training and development. Staff training has improved and there is training plan in place for the upcoming year. Staff have completed falls management, senior staff have completed tissue viability training. Additional training has been included in their online training such as Stroke awareness, Parkinson's and Epilepsy.

People are supported by sufficient numbers of staff to provide the level of care and support they require, and there is an ongoing recruitment plan in place. Staff we spoke with felt happy and supported in their role and staff morale had improved. People we spoke with also commented there is enough staff of duty and this was evident through observations. A dependency assessment is used to determine staffing levels and this is reviewed on a monthly basis.

Systems are in place to monitor the quality of the service requires improvement. Since the last inspection a new manager with the relevant qualification to register with Social Care Wales has started their new role in the service. We found internal audits are completed but improvements are required in reporting the overall quality of the service in the form of a quality care review report. Feedback from people who use the service, their relatives and staff have not had the opportunity to provide feedback, however people we spoke with stated they were happy with the support they were given. Following the inspection we were informed the service had recently sought feedback from a variety of sources to ensure they provide an effective service. This information is currently being collated. Improvements are required in the responsible individual visiting the service and completing the required regulatory report to meet regulatory requirements. Improvements remain in the timely submission of notifications of incidents as stated in the regulations. We have previously issued a priority action notice and the provider must take immediate action to address these issues.





**Areas for improvement and action at, or since, the previous inspection. Achieved**

The service provider must have arrangements in place to ensure satisfactory standards of infection control are adhered to in relation to Covid-19 infection.	Regulation 56(1)(a)
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**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

Regulation 80: Quality of Care The service provider must put suitable arrangements in place to establish and maintain a system to monitor, review, and improve the quality of the care and support provided by the service.	Regulation 80(1)
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Regulation 60 - The service provider must notify the service regulator of events specified in Parts 1 and 2 of Schedule 3 - We found that the provider has not always submitted notifications in accordance with the notification 60 requirements.	Regulation 60(1)
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Regulation 66. The service provider must supervise the management of the service.	Regulation 66
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Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

**Areas where priority action is required**

None	
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**Areas where improvement is required**

None	
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**Date Published** 05/07/2021