



Inspection Report on

Ty Cerrig Care Home

**26-27 High Street
Wrexham
LL12 9EU**

Date Inspection Completed

17 June 2022

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About Ty Cerrig Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	S & S Care UK LTD
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service since it was re-registered under the Registration and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the care and support they receive from kind, respectful carers, some of whom have worked at the home for a long time. Care is considered, carefully planned and reviewed by senior staff, people receiving the care and their families. Access to healthcare is proactively supported so people get the help and advice they need when they need it. There are adequate staff on duty to ensure important care and support is delivered but more focus on activities is needed to enhance people's experience of living in the home. The home needs some refurbishment and redecoration; the provider has already identified these issues and plans are in place for reparation. The provider ensures good oversight of the service with comprehensive audits, surveys and visits to the home, but is yet to complete a Quality of Care review. This will help to further identify what has gone well with the service and where improvements are needed.

Well-being

People have choice and control regarding most aspects of the care and support they receive at the home. They choose how to spend their day and carry out their daily routines. People can either stay in their own room or sit in the one of the three lounges in the home; there is space to sit in peace and quiet, space to socialise and engage in activities or watch television and separate space for dining. People sit where they want to eat their meals and there are options on the menus to choose from. One person said, '*the food is always good*'. Some activities are provided by the care staff although this is limited at present due to staff capacity. People's experience of living in the home would be enhanced with provision of more organised activities.

People's physical, mental and emotional well-being is looked after by care staff who seek professional advice when required. People are supported to keep their appointments with health professionals as district nurses come to the home when needed. Personal care plans are comprehensive and include detail on how all aspects of daily living will be met; more personal thoughts on people's interests, what is working well and what needs to be better are recorded so staff know what is important to people. These plans are reviewed regularly so as to keep them up to date and accurate, and handover sessions mean staff are always aware of any changes in people's needs.

Staff are trained in safeguarding and ensuring best practices, and they must adhere to the services safeguarding policies to protect people from the risk of abuse and neglect. Staff describe the manager and senior staff as approachable and easy to talk with should there be any concerns. The service has arrangements in place to ensure any decisions that restrict a person's liberty are made only in the person's best interest and with full consideration of the family and the local safeguarding authority.

The accommodation would benefit from redecoration and refurbishment but the manager has identified the areas for improvement in their home audit; there is a plan in place including timescales for completion and new beds have already been purchased. People have choice where to spend their time, with several communal areas available to them. Despite the need for improvements to the environment, people are comfortable and content with their surroundings.

Care and Support

People have most of the care and support they need as their personal plans consider their wishes, their interests and their physical, mental and emotional needs and staff are trained to support them. However, there are insufficient planned activities provided to cater for people's personal preferences. Keyworkers review personal preferences and aspirations monthly; people are supported to voice their own views on what they like or dislike and explore what they feel has gone well and what they feel needs to be better. We saw some people have expressed an activity need that cannot be met at present. A person wants more opportunity to exercise but limited staff capacity means this cannot happen without the input of family. We saw a care staff instigate a game of skittles with people, but this is not something staff can do frequently. One person's tendency to shout out could only be abated with company and conversation but care staff are not able to provide this currently. There is no record of activities although the services social media account shows events are celebrated and the care staff make great effort to entertain people. Care staff make sure people can watch their favourite sports and celebrate their team's victories with suitable refreshments. During the coronavirus pandemic, several staff left the service, and despite recruitment efforts, the service has not yet been able to replace them. We saw adequate staff to meet most needs, and some activities are provided, but people would benefit from more planned recreational, creative and stimulating activities. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People's physical, mental health and emotional well-being is monitored and health care sought when needed. People's personal plans are comprehensive and are reviewed regularly to keep them up to date so care staff are always familiar with people's needs. People and their family are involved in the reviewing process to ensure plans are up to date and all agree with the decisions and conclusions. Records show people are referred to health professionals when required. They have appointments with GP's, community psychiatric nurses, opticians and dental practitioners and district nurses visit the home. A hairdresser also visits every week. The service has purchased specialist equipment to help people with their mobility and to ensure their safety while encouraging independence. We saw care staff are attentive and familiar with the people they support, some having worked at the home for a long time. We saw them engage with people with patience and kindness.

The service promotes practices to manage the risk of infection. All visitors are tested on arrival for Coronavirus and results are recorded. Instructions to staff and visitors are visibly posted and all staff wear face masks.

Environment

The service provides an environment with sufficient space for people to choose how they want to spend their day, whether this be in a peaceful environment or socialising with other. A homely lounge provides comfortable furniture and a television. There is also a cinema room with projector and films to choose from. Everyone has their own bedroom with en-suite facilities and there are shower and bathing facilities on each floor. People's bedroom doors are identifiable with their name and picture denoting their previous interest or occupation; this adds a personal touch, familiarity, and insight for staff. Bedroom drawers have illustrations of their content on the front so people can find their clothes more easily. There are fidget boards and sensory pictures on walls for people to explore and touch when walking around the home. Orientation aids show the time, date and season in Welsh and English.

We saw some rooms require redecoration and refurbishment; paintwork is scuffed, and wood is chipped, some bedroom furniture is worn and some floor coverings need replacing; there is ceiling damage in the cinema room following a water leak. The grounds are secure and provide seating so people can go outside if they wish. The external walls need painting in areas. Records show the manager completes audits of the building and has identified these areas. The provider has already purchased new beds for each person to aid their comfort and safety and a plan of reparation is in place for other works identified, including dates for anticipated completion. Although some investment and works are needed to improve the environment, residents are content and comfortable in their surroundings.

The service provider identifies and mitigates risks to health and safety. We saw generic risk assessments for the home and individual risk assessments for various activities undertaken by each person. Incidents of falls are monitored and evaluated to identify themes and make risk management more effective. Records show safety checks are completed in relation to water and fire equipment. Monthly fire tests are carried out and all staff have received fire training. The periodical electrical inspection is out of date but has been arranged. The Food Standards Agency have awarded the home a rating of 4. Replacement kitchen cupboards are required and this is being arranged. Every three months, the manager carries out audits on health and a safety, infection control and food preparation areas to ensure safe practices. A senior care staff conducts a daily walk around of every bedroom to help ensure all rooms are kept clean, safe and tidy and that care staff have provided personal care as planned.

Leadership and Management

The provider has governance arrangements in place to help ensure the service is effective, but there is no Quality of Care Review report to pull these findings together and illustrate what the home does well and what improvements are needed. We can see the responsible individual has arrangements in place to ensure a good oversight of the service; the responsible individual visits the home frequently and records these visits; surveys have been distributed to relatives and commissioners and people in the home have been asked for their views; audits are completed regularly to ensure smooth operation of the service. A template has been designed for the Quality of Care review and this must now be completed. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge to provide the care and support required. Staff records show safe recruitment procedures are in place and a range of training in relevant topics is provided. There are handover meetings so that changes in needs or new information can be shared with all staff on duty simultaneously. During the coronavirus pandemic, several care staff left the service and the provider is trying to recruit to these posts. Meanwhile the provider has capped occupancy levels so the current care staff group can focus on the people already living in the home. It is clear the remaining staff have taken their responsibilities seriously, working as a team to ensure there is always adequate staff on duty to provide the care and support needed. Less time has been available for activities although we saw evidence care staff continue to provide as much as they can. The manager recognises this is an area for improvement.

Staff told us they are happy with the support from their manager; they have regular opportunities to meet and discuss practice through their one-to-one supervision sessions. The manager also meets with staff for focussed discussion on practice issues to ensure reflective practice and identification of training areas. Some staff have worked at the home for many years and told us they are happy in their work and enjoy what they do despite the current staffing situation. One staff told us of the manager *'I can speak to her about anything'*. The operations manager is training as a dementia training facilitator to help ensure everyone is equipped with the knowledge they need to support people with dementia in the home. Care staff are also supported to advance in their career towards a dementia specific qualification. A training matrix helps the manager keep a good overview of training completed and refresher training needed.

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

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
21	Although staff provide activities for people, these are limited and sporadic. There is currently no arrangement in place for planned activity. there is no log or record of activities and the operations manager confirmed during inspection capacity to provide	New

	<p>activities is limited. since losing ten staff during the pandemic, recruitment to the posts has been unsuccessful and a smaller pool of staff are now drawn on to carry out the roles and responsibilities of care and support. One resident we case tracked has asked to do more exercise and engage in some sport. This has not been possible. Another resident is very vocal and can only be calmed with companionship and conversation. This is not possible. The operations manager acknowledges this is an issue, activities are arranged but are restricted to films and social events rather than anything of a creative nature. She is seeking ways to resolve the situation fully.</p>	
80	<p>The responsible individual has not yet completed a six month review of the quality of care provided at the home. the responsible individual has not produced a report regarding the six month review of the quality of care provided at the home. Audits, surveys, and oversight of the home is not in question as there is evidence this has been completed. There is a proposed template for the Quality of Care review report which the operations manager shared with us during the inspection. We have assurances this is to be completed in July.</p>	New

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