



Inspection Report on

Ty Cerrig Care Home

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

Date Inspection Completed

19/03/2024

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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	17 June 2022
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

People are happy with the support they receive at Ty Cerrig and are supported by person-centred, kind and supportive staff who know them well and provide positive reassurance and interaction. People are supported to make choices about their daily lives and personal plans are person-centred, detailed, reflect people's needs accurately and reviewed and changed accordingly. Activities are provided regularly by care staff who are well suited to the task and support people to take part.

Staff say they feel well supported by management. The Responsible Individual (RI) visits to oversee management of the home and gather the opinions of people and relatives to help to improve and develop the service, however the visits are not taking place at the required frequency. These visits are also not reflected in quality of care reports. The environment is mostly well-maintained, and the service is operating in line with the statement of purpose.

The area for improvement identified at last inspection for standards of care and support has now been met. Another area for improvement identified at last inspection for quality of care reviews will remain in place. We have highlighted new areas for improvement in relation to supporting and developing staff and RI visits.

Well-being

People have control over their day to day lives and feel they are listened to, their views are considered and they contribute to decisions that affect their life. Care staff work from personal plans that are written together with the person or their relatives and cater for people's preferences. People have choices around food and activities that are on offer and staff listen to people's wishes. People and staff are involved in improvement and development of the service during visits from the RI. However, the feedback gathered is not documented in quality of care reports and RI visits and their documentation are not completed at the required frequency. Care records give care staff the instruction required to support people accurately and reviews are carried out in line with regulations. We saw proactive care staff supporting people to move around the home safely and re-position when required. People have visitors coming to the home regularly and have good relationships with their peers and the care staff supporting them.

There are a range of activities on offer in the home with intended outcomes for people's well-being documented for each activity taking place, people's wishes are respected if they do not want to engage in activities. A monthly newsletter has been recently introduced and this aims to keep people up to date with news and upcoming events and monthly resident meetings are also arranged. People say they enjoy the activities on offer and like the staff facilitating them; karaoke, seated exercises and nail and hand massages took place on the day of inspection. People are supported to practice their faith with the local Church visiting every two months. The service is working towards the Welsh language 'Active Offer' with some bilingual signs in the service, a small number of care staff can speak Welsh.

People are protected from abuse and neglect; most care staff have completed training in safeguarding and safeguarding policies and procedures are in place and followed. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it, and referrals are made in a timely manner to specialist services. This ensures people receive the right care and support, as early as possible. Care staff and the manager are proactive and work collaboratively with support agencies. Care staff do not always receive quarterly supervisions and annual appraisals and are not always provided with timely core and appropriate specialist training.

The lay out of the home supports people to achieve a good standard of well-being and people are encouraged to be independent. Rooms and communal spaces are personalised, light, spacious and airy. Strategies for reducing risk to people while they move around the home are sufficient and the person in charge has identified potential hazards and taken steps to minimise risks to people.

Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. People are encouraged to co-produce their personal plans and have choice over everyday decisions. Personal plans contain person-centred, specific detail about how people like to be dressed, where they like to spend their time in the home, how they like to be supported and their strengths. Robust risk assessments are in place and regularly reviewed. Pre-assessments completed by the manager take place before people move to the home, these tell staff about people's history, how they came to be at the home, key health diagnoses and how they affect them individually. People receive care in line with their personal plans and risk assessments, and care staff are kept informed of important updates from thorough daily handovers.

Relationships between care staff and people are warm and positive. Relatives told us, '*I can't fault the staff, they are amazing*'. Mealtimes are sociable and enjoyable, people are offered a choice of meals and can have more if they wish, regular snacks are offered and food is well-presented and appetising. People requiring help to eat are supported in a sensitive and meaningful way. Dietary choices are passed to the kitchen and kitchen staff have a thorough understanding of specialist dietary requirements and preferences. Appropriate manual handling and equipment is used by staff, they provide support in a proactive, communicative and compassionate way, finding creative ways to encourage regular movement and repositioning for people who are unable or reluctant to do so independently. Records show people have access to specialist advice and support from health and social care professionals and care plans and risk assessments are updated to reflect professional advice. Care staff feel that they can approach the manager if they have any concerns.

People can be satisfied the service promotes hygienic practices and manages risk of infection. Medicine administration and storage and infection prevention and control practices in the home are good and keep people safe. Trained care staff administer medication and regular medication audits are carried out by management.

Environment

People live in an environment suitable to their needs. The service provider invests in the decoration and maintenance of the home, with sensory areas provided in communal spaces and evidence of ongoing maintenance work taking place. The outside areas of the home are secure with access from communal areas, some parts require improved maintenance. Plans are afoot for a '*Friends of Ty Cerrig*' group to be set up, which will involve residents and their families in gardening works, the front of the home will also be repainted. Décor in the home is fresh, bright and airy, and rooms and communal areas are mostly well-maintained. There are a number of communal spaces for people to use and the service has plans to create more, people can socialise in communal areas or have privacy in their rooms if they wish. People's rooms are clean, tidy and personalised to their own taste with personal belongings. Moving and handling equipment is stored accessibly, but safely out of the way to prevent trips and falls. People access the main home through a securely locked door and visitors are required to provide identification and sign in on arrival. Cleaning takes place around the building and all areas are clean and tidy. The service provider has infection prevention and control policies, with good measures in place to keep people safe.

People can be confident the service provider identifies and mitigates risks to health and safety. Records show health and safety audits are completed, and actions are dealt with swiftly by maintenance staff, this is monitored by management and the RI. The home has the highest food rating attainable. Routine health and safety checks for fire safety, water safety and equipment are completed and records show required maintenance, safety and servicing checks for the lift, gas, and electrical systems are all up to date.

Leadership and Management

The service provider has systems for governance and oversight of the service in place. The provider has submitted an annual return as required by regulation. The RI visits the service to inspect the property, check records and gather the views of people and staff. These visits are documented in comprehensive reports; however, the visits are not completed every three months as required. This means that people cannot be sure there is regular and ongoing oversight by the RI. While no immediate action is required, this is an area for improvement and we expect the provider to take action. A range of management audits and related action plans are completed in relation to all key areas. Quality assurance surveys have been completed with staff yearly, but these have not been extended to resident and relatives, quality of care reviews are therefore not being completed in line with regulations at the required frequency of six months. This means people cannot be sure the service provider has suitable arrangements in place to monitor, review and improve the quality of care and support provided by the service. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People can be satisfied they will be supported by a service that provides appropriate numbers of staff who are suitably fit. Records show the manager has suitable numbers of staff on each shift to support people's needs and staff undergo thorough vetting checks prior to starting work in the home. Care staff state they feel well supported by the manager, *'If I am unsure of something, I just ask and they support and guide me in the right direction.'* Staff do not always receive quarterly supervisions and annual appraisals, and do not always receive timely core and appropriate specialist training. This means people cannot be sure staff are supported to reflect on their practice and identify areas for training or development or have the relevant skills and competence to meet their needs. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People can be confident the service provider has an oversight of financial arrangements and investment in the service so it is financially sustainable, supports people to be safe and achieve their personal outcomes.

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
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73	RI visits are not being completed and documented every three months. The service provider must ensure RI visits are completed every three months, and are logged and documented accordingly.	New
36	The service provider has not provided evidence staff receive an induction appropriate to their role. Staff do not receive quarterly supervisions and annual appraisals and do not always receive timely core and appropriate specialist training. The service provider must ensure staff receive an induction appropriate to their role, quarterly supervisions and annual appraisals and timely core and appropriate specialist training.	New
80	The responsible individual has not produced a full report regarding the quality of care provided at the home on a six monthly basis, nor provided evidence of gathering and assessing the views of residents and relatives. The service provider must complete quality of care reviews on a six monthly basis, ensuring they have gathered the views of staff, residents and relatives, and considered other areas detailed in 80(3).	Not Achieved
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 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.	Achieved

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