



Inspection Report on

A1 Care Services trading as Ty Ceirios Nursing Home

**A1 Care Services Ltd
Ty Ceiros Nursing Home
Pontypool
NP4 6TJ**

Date Inspection Completed

04/03/2024

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About A1 Care Services trading as Ty Ceirios Nursing Home

| | |
|---|---|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | A1 Care Services Ltd |
| Registered places | 40 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 18/10/2023 |
| Does this service promote Welsh language and culture? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

Summary

We visited the service to test the outstanding non-compliance identified at our last inspection. People receiving a service have mixed opinions of the services provided. The health and safety risks for people have been addressed and the movement of staff has stabilised. A deputy manager has been appointed to support the running of the service in addition to nurses working a rotational shift pattern which covers days and nights to provide consistency. There has been general improvement in people's care plans which are now detailed with a focus on personal outcomes and personalisation. We saw positive kind and compassionate interactions between staff and residents although, we observed delays in some people receiving personal assistance which caused them discomfort and distress. Further work is needed during the admission process and with the engagement of people in the care review process.

Well-being

People are supported to make everyday choices. People's plans direct staff to support them to make selections about their clothing and whether to spend their time with others or alone. Throughout our visit, we saw staff encourage people to make food, drink selections, and use different methods to communicate with individuals. Staff are familiar, know people well and we observed positive, kind, and compassionate interactions.

Generally, people are treated with dignity and respect however, we saw instances where people had to wait for assistance. There has been improvement in people's care plans which are now detailed with a focus on personal outcomes and personalisation. Despite these improvements feedback about the service has been mixed. People receiving a service provided differing views of their experience. Relatives told us, *"My wife has been made to feel special since she arrived"* and *"Dad is treated really well."* *"The staff go above and beyond."* While others said, *"the level of care has declined very badly"* and *"it's not a safe caring environment for loved ones to be in."*

People are safeguarded from abuse although delays in assistance could lead to harm. There are arrangements in place which monitor and evaluate accidents and incidents. Staff are trained in safeguarding protocols. Medication arrangements have been strengthened. The environment is secure with improvements to the health and safety arrangements which keep people safe. Staff sufficiency is under review.

People do not have an opportunity for regular activities or stimulation. The activity co-ordinator has recently left the service although new activity staff have been appointed and are being inducted into the role. The activity co-ordinator from the organisation's sister home is overseeing activity provision. People cared for in bed remain at risk of isolation due to a lack of regular stimulation. During our visit, we saw care staff carrying out impromptu activities with some residents, but this was not consistent and other residents went long period of time with little social interaction. Staff told us they try and plan activities for quieter times in the day. Visiting arrangements are flexible for people to visit their loved ones and entertainers continue to visit the service with events planned for key dates of the year.

The environment is safe, clean, and maintained. On going risks attached to people's health and safety have been addressed. We note generally, the décor of the home needs refreshing as the colour scheme is bland and there is evidence of general wear and tear.

Care and Support

People's personal plans provide a clear guide for staff about the individual, their care and support needs and the outcomes they would like to achieve. People's plans have improved

since our last inspection and relatives are involved in setting out what is meaningful for each person. Staff record care interventions in real time which provides a more accurate picture of people's care delivery. Monthly monitoring of people's healthcare needs is continuing. Although, reviews of people's plans have not taken place since care plans have been revised, a review schedule is in place which complies with the three month regulatory timescale. At our last inspection in October 2023, we highlighted care plan reviews as an area of improvement. We will consider this theme further at our next inspection.

There has been improvement in referrals for people to healthcare professionals such as dieticians, physiotherapists, and occupational therapists. The deputy manager is responsible for making such referrals and this has helped improved people's health and emotional wellbeing. Arrangements for covert medication have been strengthened to ensure medicines are administered in line with the required consent.

Further work is needed to confirm if the service can meet the needs of people before they move into Ty Ceirios. During our visit, we viewed two people's admission records which identified pre-assessment paperwork had been implemented, however, we noted this did not include engagement with relatives and other services the person may have been receiving which would have provided a more complete picture. Additionally, the assessment failed to determine if the service can or cannot meet the person's needs or whether the service had adequate resources to meet the individual's needs. There is a regulatory expectation that written confirmation is given to the individual to this effect. At our last inspection in October 2023, we highlighted the assessment process as an area of improvement. We will consider the area of people moving into the service at our next inspection.

Environment

At our last inspection, we highlighted people's health and safety in relation to the environment. During this inspection, we viewed staff training records, spoke with managers and walked around the service to establish the outstanding health and safety issues have

now been addressed. Staircases were clear from fire hazards; personal emergency evacuation plans (PEEP) were now in place for each resident and all staff have received appropriate fire training. New fire evacuation equipment has been purchased which all care staff are currently being trained to use.

Investment in the property is required to support people's wellbeing. The upgrading of bathrooms into shower rooms which was discussed at the last inspection has not started. Given the service supports people with dementia the décor is bland and there is a lack of dementia friendly approaches such as colour and signage to orientate people. Relatives and staff agree the environment needs general upgrading as the furniture in people's bedrooms is mismatched, with redecoration needed throughout. The RI plans to introduce a system which supports a planned renewal programme for the fabric and decoration of the premises.

Leadership and Management

Governance arrangements support the day-to-day operations of the service. The manager is qualified and registered to conduct the role. They are supported by a deputy manager who makes up the management team. The staff team has stabilised. Three nurses work a rotational shift pattern which covers days and nights to provide consistency. We found staff responses about the management were mixed. The majority commented, "*We all work as*

a team. “*It’s a great place to work.*” “*The manager is approachable and there is a strong culture.*” “*I feel supported by management.*” Whilst other staff reported communication needs improvement. The manager told us she had introduced a new system to address this.

Staff are responsive to people’s needs although assistance is not always prompt. The service adopts a smaller community living approach which is supportive of people living with dementia. During our inspection, we observed people living on two sections having to wait for assistance with their personal care. One person became very distressed and told staff they were embarrassed by the event. Staff were often rushed which impacted on the quality of interactions with people. For example, the mid-day meal was not a pleasurable experience for everyone. Responses from relatives and staff confirmed people having to wait for care and support. At our last inspection in October 2023, we highlighted staff sufficiency as an area of improvement. We spoke with the responsible individual (RI) who assured us staff sufficiency will be considered. We will look at this theme at our next inspection.

There are arrangements in place for effective oversight of the service through on-going quality assurance. The RI routinely visits the service and gains people’s views and opinions. A six monthly quality of care review is undertaken with recommendations proposed to improve and develop the service. The last review conducted in November 2023, found audits showed improvements in the quality of care being delivered to people. Newly introduced procedures have led to improvement in the recording, reporting and management of concerns regarding resident accidents and incidents. To ensure long term improvement we expect adoption of newly introduced systems to be sustained.

Staff are trained and developed effectively to undertake their job. Every staff member has an individual training plan. Newly appointed staff complete an induction which is endorsed by Social Care Wales, the workforce regulator. We were told the service has changed its training provider and as a result it has been identified that staff manual handling practices have improved. Staff can access face to face and IT learning to update their skills and knowledge. Staff supervisions are regularly undertaken to develop staff’s practice and staff reported “*they feel invested in.*”

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 |
|------------|---|----------|
| 21 | Individuals are at risk from poor and unsafe care and support because there are insufficient systems to protect them. | 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 |
|------------|--|--------------|
| 16 | We were unable to establish if people, their family and or representatives are involved in the review process. | Not Achieved |
| 14 | We found two people recently admitted to the service did not have full and complete assessment of their needs. The service provider must not provide care and support for an individual unless they can determine they can meet their needs and personal outcomes. | Not Achieved |
| 34 | The service provider must ensure their are sufficient staff who have the knowledge, competence, skills and qualifications to provide care and support to enable individuals achieve their personal outcomes. | Not Achieved |
| 15 | We were unable to establish if people's care and support is being provided in accordance with individuals likes, dislikes and preferences. | Achieved |
| 57 | During our visit/s we found a number of health and safety risks to people living, working and visiting the service. | Achieved |

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