



Inspection Report on

Cerrig Camu

**Cerrig Camu
Dolgellau
LL40 2SP**

Date Inspection Completed

24/10/2023

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About Cerrig Camu

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Achieve together Ltd
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	26 October 2018
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

This was a focused inspection. People are encouraged and supported by care staff to get involved in a variety of activities. These include individual and group activities, in and away from the service. People are central to the planning of their daily routines and care needs. Family and friends are involved in the planning of care and are very much involved in people's lives where possible. There is ongoing investment in the service, including staff recruitment and developments to the environment, inside and outside the service. There has recently been a change to the management structure. Several plans for improvement are in place to establish the service systems, to ensure the smooth running of the service. However, we found personal plans are not currently reviewed in line with regulation and therefore has been identified as an area for improvement. In addition, the recruitment of several agency staff has had a negative impact on the provision of care and contracted care staff.

Well-being

People have control over their day-to-day life. Care staff are encouraging, kind and know people well. People are given the choice of whether they participate in individual outings and/or group activities. Care planning is undertaken around people's preferences, routines, and health needs. Improvements are needed in the frequency of personal plan reviews to ensure staff can refer to up to date records and people receive the care they need. The management team are committed to ensuring care staff are equipped and trained to undertake their caring role. The environment is spacious and organised around individual need and preference.

People are as healthy and active as they can be and are central to their care planning, which focuses on individual physical and emotional well-being. Care staff support people to attend recreational activities and health appointments. Communication with Health professionals is timely, regular, and appropriate. People are supported to visit and stay with friends and family. Management have developed systems to ensure effective oversight of people's physical and emotional well-being. The environment is organised to ensure people's health, safety, and individual routines.

People are as safe as they can be. People have personalised risk assessments, which are specific to individual need and are detailed. Care staff know people's needs, their routines, likes and dislikes well. They also know what to do if they are concerned about someone. This means they can take steps to prevent and protect from risk. Care staff and management work closely with health professionals, to plan care needs and reduce risks if they are identified. Management also knows people which ensures they have efficient oversight of the care provided. People have appropriate Deprivation of Liberty (DoLS) safeguards in place. The environment is organised and set out to ensure risk is reduced to keep people safe.

The service is set out to suit people's needs, routines, and choices. People have the choice to have privacy in their own space. Care staff attend to people's needs within their own environment. They ensure people are involved in participating in activities, in or away from the service, and with family and friends. We saw people spending time with family and friends and being assisted by care staff to receive visitors, in and away from the service. We found the recruitment of agency staff has had a negative impact on the quality of care; for example, there have been instances where they have prepared food which is not suitable for people. The service follows the Welsh active offer; Welsh speaking care staff are linked with people who prefer to speak in Welsh. There are bilingual signs throughout the service. The service is very spacious and allows for people to have visitors in privacy.

Care and Support

People are central to their planning of care. Wishes, aspirations, outcomes of needs and well-being are considered during the planning process. We viewed a sample of personal plans, which are detailed, and reflect people's needs, preferences, routines, and recreational activities. These records give clear guidance for care staff to follow. We observed people being supported by the same staff. The rotas for the last three months also demonstrated this. We spoke with individuals who have been assisted by staff to plan holidays and short breaks with family. However, not all care files had been reviewed in line with regulation. This means the care records and recorded information may not be an accurate reflection of people's actual care needs and therefore could be out of date. The provider demonstrated the plan to improve the system of the review of care records. While no immediate action is required by the provider, this is an area for improvement, and we expect the provider to take action.

Care staff support people to access health care. The sample of records we reviewed demonstrate effective communication and referrals are made when health needs change. Health care professionals told us communication is timely and effective. Personal plans and risk assessments are updated according to visiting professional advice. We spoke with people who had been supported to attend health appointments. We observed people, supported by health staff, returning from various health appointments. We saw care staff discussing and reassuring people following the appointments and advice given by professionals.

Mechanisms are in place to safeguard people. We found staff ratios are appropriate to the care needs of individuals. We reviewed staff rota's which demonstrates, there is a steady care staff team available to ensure peoples' care needs are met. We saw people being supported according to their individual needs and choices. Although, anonymous concerns received by Care Inspectorate Wales (CIW) suggest agency care staff do not receive the level or quality of training as contracted care staff. We found evidence people and staff know how to report a concern and people are encouraged to speak to staff when they are not happy. The care files we reviewed included risk assessments, and Deprivation of Liberty Safeguards (D.o.L.S.), which include appropriate safeguards. Systems are in place to ensure people are as safe as they can be and protected from harm. People are supported in a way, which allows for positive risk taking.

Environment

We found the environment is clean and warm. People have their own areas of the building consisting of living areas, kitchens, bathrooms, and bedrooms. These areas are self-contained spacious and decorated to a good standard and arranged to individual choice. We observed people are comfortable and at ease in their surroundings and care staff are available to assist, support and enable them if required. Several areas within the service have been refurbished. These include communal living rooms and bedrooms. Other areas are also planned for refurbishment and people and staff told us about these plans and colour schemes. People have access to outdoor areas. We saw planting areas outside their living areas.

Appropriate fire and safety and maintenance checks are undertaken, and equipment is checked and monitored within timescale. Control of Substances Hazardous to Health (COSHH) and electricity cupboard doors are locked. Infection control is well managed throughout the service. Effective cleaning routines are in place. Heavy furnishings are attached to walls for people's safety.

Leadership and Management

The provider aims to establish effective governance of the service. There is a new management team, who are currently establishing systems to ensure effective oversight of the service and the care provided. These include establishing routines and systems for the review of care and to monitor the quality of care. This means, personal plans will be reviewed within timescale and in line with regulation. Management knows people well and are passionate about providing good quality care. People are encouraged to have control and choice. Care staff are supported by management to enable people to choose how and where they spend their time. We reviewed the responsible individual's report which demonstrated they monitor overall quality of care of the service. We evidenced they visit the service regularly and speak to people and care staff to acquire feedback about the quality of care.

There are sufficient staffing levels. Care staff we spoke with told us there is enough staff available for them to undertake their caring role. They also told us; they feel supported and attended training which enables them to fulfil their roles. We reviewed the training programme, which demonstrates, staff have undertaken and/or plan to complete training; this includes training in Safeguarding, Medication and Health and Safety. Care staff files showed staff training was consistent with the training programme. The service policies and procedures are up to date with legislation and current guidance and are accessible for care staff. We evidenced care staff are recruited safely, and receive induction, supervision, and training. However, care staff reported a lack of efficiency in some agency staff. This is because they do not know people well and have not received the same training as the care staff who are employed and trained by this service. We evidenced this because agency care staff are not recorded on the training programme. Management confirmed agency staff receive their training with their agencies. While no immediate action is required by the provider, this is an area for improvement, and we expect the provider to take 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
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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16	The provider has not ensured personal plans are reviewed in line with regulation. The provider needs to review personal plans within a quarterly basis.	New
35	Four care staff told us they found some agency staff do not have the skills to ensure positive interaction with people, or the skills to prepare adequate meals. The provider needs to ensure agency staff have sufficient training and communication skills to support people.	New

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