



## Inspection Report on

**Cerrig Camu**

**Cerrig Camu  
Dolgellau  
LL40 2SP**

## **Date Inspection Completed**

17/03/2023

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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	<a href="#">5 July 2019</a>
Does this service provide the Welsh Language active offer?	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

People are supported and accompanied by care staff to participate in a range of activities, in and away from the service. These include individual group or community activities. People are given choices and opportunities within their independent routines. Care staff encourage people to meet regularly or visit friends and family members. Several investments have been made to redecorate and improve interior communal areas and bedrooms, so that it is homely and good for people's well-being. There is a new manager in place, who knows people and care staff well. We evidenced further plans for ongoing improvement to other communal areas and bedrooms. Management is open, honest and have a hands on approach.

## Well-being

People are supported and encouraged by care staff to continue with their chosen routines. Staff are kind and approach people with respectful humour, where appropriate. People enjoy their own routines and participate in group activities when they choose to, both in and/or away from the service. Management support care staff well and this has a positive effect of people's well-being. The environment is spacious and homely, and several areas have been or are planned for refurbishment and redecoration.

People are supported by care staff to choose their daily meals. They are encouraged to assist in preparing their meals, where appropriate. Care staff adhere to people's personal plans and are guided by detailed and personalised records. Management are approachable and encourage people and care staff to be proactive in order to promote ongoing well-being. People have their own areas, within the home, which are set out to encourage independence and participation.

There are measures in place to safeguard people. We found personal plans contain appropriate individual and detailed risk assessments. Timely links are made with professionals when risks are identified. All care staff have attended safeguarding training. Safeguarding policies and procedures are up to date, in line with legislation and available for all staff.

The home is bright and spacious. All bedrooms are personalised. People have some of their own furniture, pictures, photographs, and bedding. They are encouraged to treat their rooms like home from home. Care staff assist people to be in contact with family and friends and frequently arrange home visits for people. Management ensures arrangements are in place for people to meet with family and friends. We saw people meeting with their visitors while care staff supported them if needed. The environment is spacious and there are several areas available for visitors to spend time with the people they are visiting.

## Care and Support

People are provided with the quality of care and support they need through a service designed in consultation with the individual. People's personal wishes, aspirations and outcomes of any risks and specialist needs are considered when planning individual care. We viewed a sample of personal plans which are regularly reviewed and updated to reflect the needs of the individuals. Care records are detailed and give clear guidance for staff to follow. People's wishes are considered, along with input from families and relevant professionals. Individual risk assessments are in place. We observed people being supported by key care staff, which means people are allocated specific care staff, who know them well. We observed people coming and going from the service throughout the day we visited. One person went shopping with their key carer. We observed care staff know people well and there is a very positive rapport between them.

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.

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 demonstrated there is a steady care staff team available to ensure people's care needs are met. We saw people being supported according to their individual needs and choices. 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 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, including bedrooms and communal living areas. 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.

Appropriate fire and safety 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 managed well throughout the service. Effective cleaning routines are in place. Heavy furnishings are attached to walls for people's safety.

## **Leadership and Management**

Management has effective oversight of the service and the care provided. We evidenced audits and the review of care records. There is new management, who know 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.

Care staff we spoke with told us they feel supported and attended training which enables them to fulfil their roles. We reviewed the training programme which staff have undertaken and/or plan to complete. Training includes Safeguarding, Medication and Health and Safety. There are policies and procedures in place which are up to date with legislation and current guidance. These policies underpin the training provided to care staff.

There are sufficient staffing levels. Care staff we spoke with told us they feel supported and staffing levels have improved. We evidenced care staff are recruited safely, and receive induction, supervision, and training. Management showed us evidence of recruitment and induction of new care staff, which means there will be less need for agency care staff. Care staff records and correspondence demonstrates appropriate action is taken by management in line with service policies and procedures.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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N/A	No non-compliance of this type was identified at this inspection	N/A
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