



Inspection Report on

Cerrig Camu

**Cerrig Camu
Dolgellau
LL40 2SP**

Date Inspection Completed

27/06/2024

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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	24 October 2023
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

People are encouraged, supported and accompanied by care staff to undertake activities and continue with their daily routines. They participate in a wide range of group and community activities in and away from the service. People's routine's, choices and opportunities are planned around individual need. Family and friends are encouraged and welcomed to get involved, visit or join people where appropriate and possible. There is new management in place, and they are working to establish robust systems to ensure the service runs smoothly. However, we found that management and senior management are not always available to support care staff at weekends. We saw several investments have been made to the environment. These include the relocation of the management office, the redecoration of several rooms and outbuildings and several areas within the grounds and gardens. We found that staffing has improved, and recruitment has been a successful process in recent months.

Well-being

People have control of their daily lives. Care staff are encouraging and know people well. We observed several conversations about daily routines and plans for day trips and holidays. We found care staff are engaging and they respond patiently to everyone. We found people look forward to these events which are planned to take place in the company of care staff, family and friends. Management is focusing on their new roles, whilst also aiming to support care staff with their daily caring roles. The environment is planned around individual need and is spacious and clean.

People are as healthy and active as they can be. Care staff support them to shop and cook meals which are nutritional. Personal plans are followed to ensure people receive the care they need and the routines they have chosen. The staff team has developed and is more established, which means they know people well and know people's choices of routines. Management is new and are establishing their new roles. People have their own areas, within the home, which are set out to encourage independence and participation.

The provider ensures there are safeguarding mechanisms in place with the aim to keep people safe. The sample of personal plans we reviewed contain detailed risk assessments which are specific to individual needs. Timely links are made with professionals when risks are identified, and the necessary links and communications are made if/when there are incidents. Care staff have attended a variety of training so that they know how to assist people to stay safe. There are up to date policies and procedures in place to accompany this training, including safeguarding. They are 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. The sample of personal plans we viewed are regularly reviewed and updated to reflect the needs of the individuals. People's wishes are considered, along with input from families and relevant professionals. We observed people being supported by key care staff, which means people are allocated specific care staff, who know their routines and choices. We observed people coming and going from the service throughout the day we visited. We observed care staff know people well and there is a very positive rapport between them.

People are supported to access health care when they need it. The sample of records we reviewed show there is effective and regular communication between care staff and health professionals. Care records are updated according to advice and guidance from various professionals. Health care professionals told us communication is timely and effective. Care records are detailed and give clear guidance for staff to follow. These records also reflect what individual people told us about their daily routines, health needs and hobbies.

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 peoples' 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. 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

The service provider has some governance arrangements in place to support the smooth operation of the service and ensures there is a sound basis for providing high quality care and support for individuals using the service to enable them to achieve their personal outcomes. Management has some effective oversight of the service and the care provided. The management team have recently been recruited and are establishing processes and routines to monitor and oversee care. We evidenced regular audits and the review of the care provided. The responsible individual (RI) visits on a regular basis. They produce a report and share their findings within meetings; these take place between people, care staff and management to communicate and monitor any issues arising. We also observed several conversations between individuals and care staff regarding people's plans, routines, and appointments; we found staff listened and conversed attentively and respectfully and responded according to people's ability and understanding.

People are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable the individual to achieve their personal outcomes. Staffing levels have and are improving in recent months. Care staff we spoke with told us they feel the improved staffing levels is having a positive effect on the care they provide. For example, the recent recruitment drive is likely to provide more efficient processes of care, such as the medication process, because there will be more trained staff available to provide medication. We evidenced care staff are recruited safely, and receive induction, and training. Management showed us evidence of staff recruitment and induction, which means there will be less need for agency care staff. Care staff we spoke with told us they attend a variety of training which enables them to fulfil their roles. We reviewed the training programme which staff have undertaken and/or plan to complete. 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. However, the presence and availability of management for care staff at weekends is not as evident as in the week. In addition, we observed the staff rota which demonstrates ongoing sickness, and this has a detrimental effect on the care provided. We viewed a sample of care staff files which indicate care staff have not had formal supervision in line with regulation. Care staff confirmed this. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

There are measures in place to ensure financial stability of the service. Training is provided for care staff, virtually and in the offices which are spacious, and on sight, appropriately secure, and central. Although the pandemic has had a negative impact on staffing levels, there is and has been ongoing staff recruitment and retention. This was reflected in staffing records and service finance documents. There is an ongoing plan for the improvement and development of the environment, and this is planned around people's choices.

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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34	The provider has not ensured there are sufficiently supervised or ensured management availability and presence for care staff to contact if or when they need to. Management needs to be available for care staff and seniors to contact at all times and are required to provide formal supervision to all staff.	New
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