



Inspection Report on

Cerrig Camu

**CERRIG CAMU
DOLGELLAU
LL40 2SP**

Date Inspection Completed

05/07/2019

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Description of the service

This service is situated in approximately 11 acres of private grounds on the outskirts of Dolgellau. Cerrig Camu provides accommodation and care for up to 24 adults who may have learning disabilities and / or associated mental health needs, including adults with acquired brain injury. There are four locations to these services within the grounds; Y Bothyn, Ty Sylfaen, Ty Eiddw and Cosy Cottage. The registered provider is Regard, a company, registered with Care Inspectorate Wales. The manager was registered with Social Care Wales, and has been in post since July 2018. The responsible individual, namely Peter Kinsey, was appointed during the last three months.

Summary of our findings

1. Overall assessment

People are provided with opportunities to undertake a range of activities in or away from the service; these included individual, group or community activities. Care staff know people well and support them with dignity and respect by a staff team who receive appropriate training and support. Several improvements and investments were made to the service for the safety and comfort of people residing there. The onsite manager has established consistent, robust and efficient processes to monitor and review the quality of the care provided to people. However, senior management and the responsible individual require an improvement in the oversight of the service.

2. Improvements

This was the first inspection undertaken since the service was re-registered and approved under Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

3. Requirements and recommendations

Section five of this report sets our requirements to improve the service and areas, where the registered person is not meeting legal requirements. These include the following:

- Oversight of all incidents by the responsible individual and senior management.
- Quality Report to demonstrate the responsible individual has oversight of the service.

1. Well-being

Our findings

People are aware of their care and support opportunities and are listened to; three people told us they knew their routines and they told us they were involved in the planning of their care. We saw they were given choice and supported by care staff. We saw staff knew people well and the same staff cared for them. We viewed the care files of the people we spoke with and found the records were a true reflection of the care they were receiving. We found evidence in the records; people were involved in the planning of their care. We also found evidence, in records and through observations of interactions between the manager and people, that the manager had effective oversight of the care provided and knew people well. Peoples' individual needs are considered and they are listened to; the care provided is planned around individual needs and preferences.

People are healthy and active and receive the right support. We met two people who were leaving or returning from various activities in the service and visiting the surrounding areas including café's and the beach; they told us they were looking forward to their outing and told us they enjoyed being busy. We observed positive interaction between people and care staff, who, we saw provided reassurance and reinforcement to people, when needed. We found care records, were appropriate for individual need, levels of risk and included the level of staff supervision required. We found evidence and met visiting staff who were monitoring care needs in line with personal plans, initiated via communication between staff and the manager. People are enabled to be emotionally, physically healthy and encouraged to undertake a variety of outings, social events and activities, which are right for their needs and preferences.

Mechanisms are in place to safeguard people. We found staff ratios were appropriate to the care needs of individuals. We reviewed staff rota's which demonstrated there was a steady care staff team available to ensure peoples' care needs were met. We saw people being supported according to their individual needs and choices; risk assessments and care planning were evidence of this and were monitored and reviewed within timescale or when required. We found evidence people and staff knew how to report a concern and people were encouraged to speak to staff when they were not happy. The care files we reviewed included risk assessments, and Deprivation of Liberty Safeguards (D_o_L_S_), which included appropriate safeguards, and were personalised to the individual. Systems are in place to ensure people are as safe as they can be and protected from harm, although people are supported in a way, which allows for positive risk taking.

People have opportunity to learn and develop to their full potential. We saw the activities undertaken and various crafts they had made. We found people were busy and undertook a wide range of activities; these included the day community centre, which we visited, where people undertook craft activities; one person we spoke with told us they had attended the

activities in the community centre that day and they had enjoyed it. Another person collected their money before they left for the day, which they told us they had earned from working on a part time basis. We saw people prior to and on return from outings. We found the manager had recently undertaken a review of the care to ensure the service could meet peoples' needs; this meant some people who had different or greater needs, were re-assessed and represented by advocates to ensure they were in receipt of the correct level of care. We found peoples' needs are appropriately suited to the service and they have opportunity to learn and develop to their full potential and to do things that matter to them by contributing to society.

People belong and are encouraged to enjoy safe and healthy relationships. We met three people who were meeting friends and family outside the service on the day. We found appropriate risk assessments had been undertaken prior to activities, which ensured people they were safeguarded, whilst staff supported them and enabled them to feel valued and part of the community and society. People are able to undertake a variety of social activities and consideration given to reducing risk via appropriate support.

People live in accommodation, which was appropriately organised for individuals. The accommodation was clean, well maintained and set out to enable staff to support people. We found the varied areas of the site were well planned and set out to allow people to be supported to be independent. People live in accommodation, which enables them to be supported according to individual need.

2. Care and Development

Our findings

There are accurate and up to date care assessments and plans in place to ensure people receive the correct care to meet peoples' needs. The manager told us, care staff had informed them, one person's care needs had changed. This meant their needs would need reassessment and the information recorded in care documents were in need of updating. We observed the manager discussed this issue with the staff involved in their care and later, with the person, in a dignified, respectful and relaxed manner. The person told us, they felt involved in the planning of their care and were happy with the care they received. We met with a visiting professional, invited by the manager, to re assess the person's care needs and advice of any changes needed in their care. They told us the care was good and the manager was *'on the ball, very well organised and knows people and their needs well'*. We observed the manager update the electronic care file accordingly. We reviewed the person's care file in addition to two other care files and found the assessments and personal care plans were personal to individual needs. There was evidence the documents were reviewed on a monthly basis or when required. The records demonstrated people were involved in the review of care. People receive appropriate care according to changing or varying care needs; professional medical advice is sought where required, and people are informed and involved in this process.

There are mechanisms in place to safeguard vulnerable individuals who receive care and support. The manager notified Care Inspectorate Wales (CIW) of safeguarding incidents in relation to people living in the service. We spoke with two staff who confirmed they were familiar with the process and procedures to follow if people who used the service were at risk of harm. We found evidence in three staff files; care staff received training in regards to safeguarding and staff, within appropriate time scales, undertook refresher training. We reviewed the service policies and procedures, which included safeguarding, which was up to date, written in a clear and concise way, and provided guidance, appropriate to the needs of the people living there. We saw staff had read and signed the policy. We found there were risk assessments recorded in care files, which were appropriate to people's individual needs. We reviewed records of mental capacity assessments and "Deprivation of Liberty Safeguards", had been undertaken where required, and there was evidence these were up to date and reviewed when required. We found records of safeguarding incidents filed in individual care files; we recommended these were filed together so the manager could have effective overview and identify themes. We found evidence there was a lack of oversight of electronic incident records by the responsible individual and provider to which we made recommendations. Staff and management of Cerrig Camu are proactive in taking preventative measures to safeguard the people they care for; however, there needs to be improvement to the oversight of incidents by senior management, in order to identify themes arising, and ensure the responsible individual takes appropriate action.

There are effective systems in place to ensure medicines are effectively managed. We viewed the service medicine policy and procedure, which guided the processes to follow when administering medication and what actions taken in the event of a medication error. We found these, were again, clearly and concisely written. We saw the medication was stored in line with national guidance. We viewed evidence, which showed appropriate measures undertaken in regards to the daily management of medication. We found additional monitoring, training, support and supervision was provided to staff and we found recorded evidence of this in the supervision records and training programme. We viewed the audits and reviews undertaken in regards medication management, and found these systems were thorough and consistent. People receive medicine in line with their personal needs, and management and staff take appropriate action to ensure safe procedures are followed and monitored.

3. Environment

Our findings

The environment is homely with appropriate facilities and equipment. We saw that the buildings we viewed were clean and equipped to meet individual needs. We viewed various areas of the service, including, Y Bothyn, Ty Sylfaen, Ty Eiddw and Cosy Cottage; we viewed three bedrooms and found them to be personalised. It was evident that people were able to choose their own furniture in their rooms and could furnish their rooms with their personal belongings. Two people told us they were happy with their living areas; one person told us “ *I absolutely love my bedroom*”. New decorations, flooring and furnishings, were purchased recently and a maintenance person had been appointed to ensure the upkeep of the environment and premises.

We saw staff enabled people to make the most of the environment, including the surrounding area. Staff supported people to undertake activities in and away from the service; these included outings to the beach, local area, cooking, and crafts and the activity centre, which was open for people on a daily basis between 10am and 4pm, during the week. We saw people supported and assisted with managing their finances, before they left the service to undertake activities.

We found evidence there were sufficient safety measures and risk assessments and plans were in place to ensure the safety of individuals residing with the service. There were relevant policies and procedures in place to ensure buildings' mechanical and electrical systems were sound and operational. We viewed service and maintenance records; these included certificate evidence and documentation; which showed fire, electrical and safety equipment checked within the required timescales, which demonstrated the relevant safety checks were undertaken. Fire drills were undertaken on a weekly basis and at differing times of the day; this ensured people and staff were aware of the appropriate action to take in the event of a fire. We viewed personal evacuation plans, which were personal to individual need and stored for easy access. We found evidence the manager had been in contact with relevant officers, including fire prevention, for advice and assistance where required. People are supported to make best use of the facilities within the service and in the local area; the environment is safe and activities are available for people; staff and people are encouraged to make the most of the environment.

4. Leadership and Management

Our findings

The manager has established oversight and governance of the service, which is key to providing good, quality care to allow people to achieve their personal outcomes. We reviewed the service's statement of purpose, which we found provided an accurate account of the service people receive. We found established and efficient systems in place, to monitor and review assessments and care planning; we found evidence in documentation, people were involved in these processes as were peoples' families and professionals. We found the documents, which guided the care provided, were working documents, in line with peoples' individual needs and with the service existing policies and procedures. We saw evidence, which showed the manager and deputy manager audited the quality of care on a regular basis; these audits focused on areas such as medication, health and safety issues including risk assessments to safeguard individuals. However, the 'quality report' produced by the responsible individual did not contain sufficient information about service performance and quality management, to demonstrate they had an effective and thorough oversight of the service. This was an area identified as non-compliant with regulations. However, a non-compliance notice was not issued on this occasion, as we did not find evidence; their lack of oversight had had a negative impact on people to date. There needs to be more robust oversight of the service by the responsible individual and consideration should be given to establishing effective systems by which to review and audit the quality of care.

There are systems for monitoring and reviewing incidents. The service manager was efficient in reporting, and recording such incidents, ensuring relevant notifications were shared with Care Inspectorate Wales (CIW). We found the manager was proactive, open honest and had notified CIW appropriately, about incidents, which may have affected peoples' well-being. We found documented evidence and were informed of steps taken, by the manager, to prevent further incidents. The manager also informed us of safeguarding measures put in place to prevent harm, which included risk assessments, produced according to individual need, care planning, and the monitoring of care. However, we found evidence of a lack of oversight by senior management and the responsible individual, within electronic records of incidents. Furthermore, the quality report contained a lack of detail and therefore demonstrated a lack of oversight by senior management. This was an area identified as non-compliant with regulations. We had not issued a non-compliance notice because we had not found evidence to demonstrate this had negatively affected peoples' well-being. Requirements for improvement were outlined in section five of this report. Senior management and responsible individual need to review how they monitor incidents to ensure they have efficient oversight over these to identify themes arising in order to implement improvements.

Leadership and management ensure people are appropriately placed to ensure peoples' needs can be met. The manager undertook a review of peoples' needs to ensure they could meet their needs. This was something the manager told us, had an impact on staffing levels; the manager informed us they focused on improvement in this area, as it affected the safety of people; therefore more staff were needed to be present during each shift to ensure the correct ratio of staff per person. We reviewed the care staff rota for the last two months and found there were sufficient care staff present, at varying times of the day. We viewed documented evidence; this included record information, which demonstrated, people who were previously inappropriately placed and were supported by professionals including health professionals and advocacy. The care files we viewed showed evidence of thorough recruitment checks prior to employment and appropriate staff recruitment. We found staff received a thorough induction and received both mandatory and specialist training including, epilepsy, and dysphasia. This was consistent with the training programme for 2018-2019. We viewed supervision records, which also showed staff received supervision within the required timeframes and we spoke with three care staff who confirmed this. We saw staff approached management for informal support and supervision on the day. We found evidence in peoples' personal files, staff were familiar with peoples' care needs; we saw staff had read and signed individual care plans and we observed staff provided care that was consistent to care planning and assessments. We also saw evidence; people received care from the same care staff, who knew them well. The management have taken steps to ensure staff are sufficiently trained and supported to meet the needs of people placed in the service.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection undertaken since the service was re-registered and approved under RISCA.

5.2 Recommendations for improvement

The provider was non-compliant in the following areas although a non-compliance was not issued on this occasion, given the provider had planned to undertake improvements from immediate affect:

- Oversight of all incidents by the responsible individual and senior management.

- A detailed 'Quality Report' to demonstrate the responsible individual has oversight of the service; this information to include feedback information from people, families, professionals and staff.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. This was the first inspection following the re-registration of the service under Regulation and Inspection of Social Care Act 2016 (RISCA). We made an unannounced visit to the service on 5th July 2019 between 10:00 and 17:00. One inspector undertook this inspection.

The following methods were used:

- We looked at a wide range of records. We focused three peoples' care files, on the staffing rota, staff training and recruitment records, Medicine Administration Record (MAR) from June 2019.
- We spoke to three people using the service, two staff, the deputy manager, manager and a visiting professional.
- We reviewed the Statement of Purpose (SoP) in comparison to the service we observed. We did not use the Short Observational Framework for inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us. The people present on the day would not have benefited from observation.
- We viewed four flats and visited all areas of the service including the four dwellings.

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	The Regard Partnership LTD
Manager	Amyleigh Normanton
Registered maximum number of places	22
Date of previous Care Inspectorate Wales inspection	5th September 2019
Dates of this Inspection visit(s)	05/07/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	

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