



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

29 September & 6 October 2022

06/10/2022

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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	39
Language of the service	English
Previous Care Inspectorate Wales inspection	23 February 2021
Does this service provide the Welsh Language active offer?	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

Ty Ceirios Nursing Home supports people who have nursing needs and are living with or without dementia. Since our last inspection there has been a number of staff changes at the service. The responsible individual (RI) has been absent for a considerable time. A new manager and clinical lead have been appointed to run the service. People we spoke with were complimentary of the service. We found greater oversight is required to ensure people are safe and their outcomes are achieved. We have identified areas of improvement in relation to people's personal plans, staff recruitment and development, quality of care review and the environment. We expect the service providers to address these matters by our next inspection.

Well-being

People are treated with dignity and respect. Individuals are supported by familiar staff who know them well. People looked comfortable and cared for. Individuals are encouraged to make everyday choices and maintain their independence as much as they are able. We saw staff assisting people sensitively and with kindness.

People are supported to access healthcare services to maintain their health and wellbeing. Each person's health is monitored to ensure timely referrals to GP's and other related healthcare professionals. People's personal plans direct staff to deliver care and support to meet their health needs. Individuals would benefit from the plans containing a more person centred focus to achieve their personal outcomes.

People are not fully protected from harm and neglect. Suitable arrangements are in place to monitor and assess events involving the wellbeing of residents. There are safe medicine management systems and suitable infection control measures in place. However, we identified health and safety issues that pose a hazard for people living, working, and visiting the service.

People can do things that matter to them. A range of activities are on offer to stimulate individuals. A hairdresser visits the service regularly and we saw ladies having their nails painted. We were told of individuals who are benefitting from therapeutic pets. Staff support people to maintain contact with their loved ones. People are complimentary of the service.

The environment provides a clean, homely, and comfortable feel. The property is split into three units to enable smaller community living which is conducive for people living with dementia. The use of signage could be improved to support people's orientation. Routine maintenance and repairs are on-going however, there is no programme of redecoration and renewal in place for the long term upkeep of the property.

Care and Support

Service providers do not always have an accurate plan of how people's care and support is to be provided to meet their needs. People's personal plans direct care staff to deliver care and support in a consistent way. The plans sampled contain inaccurate information which did not always reflect the care being delivered. People are reliant on care workers knowledge of the person to ensure they receive reliable support. Regular reviews of personal plans are taking place although, we noted a lack of consultation during the process with individuals and or their relatives. While no immediate action is required, this is an area of improvement and we expect the provider to act.

People's personal plans lack a person centred focus about each person's likes, dislikes, and preferences. This information is key to ensuring individuals outcomes are being met. Care staff told us such information was available to them although, not in the person's personal plan. The manager acknowledged the importance of this information being included within people's personal plans. This is an area of improvement and we expect the provider to take necessary action.

Service providers have systems in place to safeguard vulnerable individuals they provide care and support for. Care staff are trained to respond to events and refer on to the relevant agencies. Arrangements are in place for staff to act in the best interests of individuals who may be unable to consent to care and support. Risk assessments safeguard individuals by identifying and mitigating any health risks. Care staff receive training to ensure they have necessary skills to administer medication. The electronic medication system includes audits and stock checks to reduce medicine errors.

Service providers recognise the importance of staff consistency when working with people living with dementia. Staff told us familiar faces provide reassurance to people and spending time in the same community develops relationships. One resident told us, staff are *"always on hand if there is anything wanting. There's not a lot to complain about it is good here. I can speak to staff if I have a problem and the staff are good. I can have visitors anytime."*

A relative said, *"Brilliant staff, they know my relative and treat him like part of the family and treat us like that too."*

Another said, *"not always enough staff at times but my relative doesn't want for anything."*

Environment

The environment is comfortable, clean, tidy, and well maintained and is divided into three different communities to support people's needs. There is sufficient space for individuals to spend time alone or socialise with others in communal living areas. The furniture layout in one of the lounge/ dining areas hindered people's movement and affected the mid-day meal experience. The manager told us this would be reviewed. Overall, the communities are well maintained although there is no planned renewal and development of the environment. People can access a pleasant garden.

People would benefit from further implementation of dementia friendly approaches such as memory boxes and signs to help them find their way around the communities. People's bedrooms are personalised to their own tastes, individuals have photographs, pictures, and ornaments on display. The bathrooms are spacious and well equipped but are used to store equipment and cleaning products. People told us this affects the number of toilets available for use. During our inspection, we found the premises were not fully secure which poses additional risks to people living, working, and visiting the service.

The service promotes hygienic practices and manages the risk of infection. We saw Personal Protective Equipment (PPE) and hand sanitising stations located around the home. Care staff told us of sufficient PPE stocks being available. Visitors' temperature is taken on entry. The service has a current food standards agency (FSA) rating of 5 which defines hygiene standards as very good. Routine maintenance is taking place with the necessary equipment checks conducted.

The service providers need to consider national guidance in relation to fire safety and the storage of products. People have a personal emergency evacuation plan to guide staff on how to support them to safely leave the premises in the case of an emergency. The service has an up to date fire risk assessment in place and staff are working to meet its recommendations. However, we were unable to identify when care staff received fire training and when the last fire drill was conducted. The timescales are set out in the guidance. The manager provided assurance this was referred to the fire contractors. In addition, we saw various cleaning products and people's toiletries on display around the environment. Storage of such products are bounded by the Control of Substances Hazardous to Health (COSHH) regulations. This is an area for improvement, and we expect the provider to act.

Leadership and Management

Governance arrangements which support the operation of the service need to be improved. Since our last inspection to the service, there has been changes to the management and staff team. The responsible individual (RI) has been absent for a considerable time. A director of the company has provided oversight during this time. Staff told us the person is accessible and visits the service regularly. There is a need for a replacement RI to be nominated to carry out the responsibilities set out in the regulations. A new manager took over the day to day operation of the service in April 2022. They are registered with the workforce regulator, Social Care Wales. A clinical lead/ deputy manager has recently been appointed to support the manager. We were told staff have successfully been recruited into vacancies at the service.

Audit systems and processes for monitoring the service fail to provide assurances Ty Ceirios provides a high quality service, achieves the best outcomes for individuals and improves their wellbeing. Routine system audits are carried out although, there is a lack of information to identify where the quality and or safety of services is being compromised. We viewed the latest quality of care review for the service dated August 2022, we noted a general lack of analysis that the service is provided in accordance with the statement of purpose. This is an area of improvement and we expect the provider to take necessary action.

Staff recruitment and vetting arrangements needs strengthening. We examined staff recruitment practices and found the necessary checks have not always been conducted for new recruits. We examined staff personnel records and found Disclosure and Barring (DBS) checks in place. There were instances where the provider had not explored the reasons for individuals leaving their previous employment after having worked with vulnerable people and obtained references from their past employers. Without this information the service providers cannot be satisfied they can decide on the appointment or refusal of an applicant. The manager assured us this would be reviewed.

Staff support and development requires further attention. A staff trainer monitors and oversees care staff training at the service. All newly appointed care staff receive an induction. Staff can access on-line training to support their learning needs. A designated manual handling trainer works alongside care staff. Staff are working towards Social Care Wales registration. The majority of care staff have received adequate training. We found staff have not received sufficient supervision as set out in the regulations. This supports individuals to reflect on their practice and make sure professional competence is maintained. This is an area of improvement and we expect the provider to take necessary 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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15	We were unable to establish if people's care and support is being provided in accordance with individuals likes, dislikes and preferences.	New
16	We were unable to establish if people, their family and or representatives are involved in the review process.	New
57	During our visit/s we found a number of health and safety risks to people living, working and visiting the service.	New
80	The quality of care report failed to analyse the information and make recommendations of how and where the quality and safety can be improved.	New
36	There are insufficient arrangements to demonstrate staff are receiving regular supervision.	New

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