



## 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**

18/10/2023

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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	40
Language of the service	English
Previous Care Inspectorate Wales inspection	29 September & 6 October 2022
Does this service promote Welsh language and culture?	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

Since our last inspection, there have been major changes at Ty Ceirios Nursing Home. A large number of staff, of all designations have left the service. A new responsible individual and management team, as well as a number of staff recruits have been appointed. Generally, relatives are complimentary of the service.

We found people are at a risk of receiving poor and inconsistent care and support. On the day of the inspection, care staff were unable to access plans for people with dementia to support them with their needs. There are on-going health and safety risks for people living and working at the service. Assessments carried out before a person is admitted do not fully consider the suitability of the service. Given our findings, we issued the provider with a priority action notice to take immediate action.

In addition, there has been no improvement in people's care planning and review systems. The RI acknowledged further work is needed at the service.

### Well-being

People have minimal control over their lives. There are no personal outcomes recorded for people. Personal plans do not consider people's individual likes, dislikes, or preferences. Information about a person's former life, work, family and what is important to them has been gathered from family, but not included in their plan. Such information can be vital for people with dementia who may be unable to tell staff their wants and needs. We were told by people living at the service about changes made to menu choices to incorporate their favourite food though this appeared to be dependent on whether people can verbalise their wishes and staff taking these forward independently.

People have not always received care and support in a timely way. It is reported there has been improvement in referrals for people for Occupational Therapy, physiotherapy, and dietician services. Despite this, we found a person needing to be nursed in bed due to the lack of specialist equipment available to them. There is also a lack of equipment to aid moving and handling resulting in people having to wait to use facilities such as the toilet. Assessments for people prior to their admission to the service are insufficient as they do not fully consider the needs of the individual and the resources needed to match them.

People cannot be confident they are safe at all times. Staff attend safeguarding training on how to report abuse with revised policies to provide further guidance. On the day of the inspection, staff were unable to access plans for eleven people which could lead to inconsistent care and support. Risks to people's health, safety and wellbeing continue as not everyone living at the service has a Personal Emergency Evacuation Plan (PEEP) in place. In addition, there are minimal staff fire training records despite the number of new recruits working at the service.

There is little opportunity for people to do things that matter to them. An activity worker has been appointed who is currently being inducted into the role. On the day of our visit, we saw disparities in activity provision for people. Some impromptu activities were taking place with people in communal areas whilst, for those individuals who are nursed in bed there was very little or no stimulation other than when they receive direct care. It is positive that people are supported to maintain contact with loved ones and visitors are encouraged and supported to attend the service. We observed some lovely examples of care staff engaging with people who are more able to communicate. In contrast we saw a lack of engagement with others. People we spoke to were happy with the service they receive which was supported by a family member.

People enjoy the gardens which provide comfort to residents and visitors. People's bedrooms are individual and personalised. On-going maintenance and repair of the property is taking place. We saw general improvements in the property's security and the storage of equipment although, health and safety risks linked with fire continue.

## Care and Support

We found people living at the service are at risk of receiving poor and inconsistent care and support. On the day of inspection, care staff working in one community were unable to

access eleven people's care plans. The care staff were new to the service and unable to view information to safely support individuals with their care. People's daily recordings are not always consistent or documented in real time. People do not always have behaviour support plans to direct staff how to safely manage their behaviours. Additionally, covert medication is being used without medical consent. We have issued the service provider with a priority action notice given shortfalls are having an impact on people's health and well-being and placing them at risk. We expect immediate action is taken to address this issue.

People's personal plans are still not person centred or set out how each person wants to receive support. People's likes and preferences are not included in their plans. Care staff can be unfamiliar, and it may be difficult for people to make their wants and needs known. Good person centred care plans are therefore essential to support people to receive good, reliable care and support. We identified people's plans as an area for improvement at our last inspection which has not been met.

Reviews of people's plans continue to be routinely conducted without any consultation with the resident and or their representative. People's outcomes are not identified in plans which means reviews cannot evaluate why they have not been met. The RI has recognised people living at the service are not being given a voice and has provided assurance this will be rectified. We identified this as an area for improvement at our last inspection which has not been addressed.

Arrangements for confirming the service can meet the needs of people is insufficient. The service has continued to take on new admissions despite not having a stable staff team and as such essential paperwork such as PEEPs and signed covert medication forms are missing. There was little consideration given to people's compatibility prior to admission to the service which can impact upon the quality of care and support provided to people. Resources such as the amount of equipment needed to support individuals is not always considered. We saw a person having to wait for staff to locate equipment before assisting them with their personal hygiene. This is an area for improvement, and we expect the provider to take action.

## **Environment**

There are improvements planned to the environment to support people to achieve their wellbeing. General redecoration of the service has commenced including repainting of the

downstairs lounge. This forms part of an on-going repair and renovation plan for Ty Ceirios Nursing Home. The upgrading of bathrooms which are no longer suitable for people's use to shower rooms to promote independence and choice is being considered.

The service provider has taken some action to mitigate risks to people's health and safety. At our last inspection, we found people could gain access to the lift shaft via an unlocked door which has been addressed. Also, bathrooms have been tidied with general storage of equipment and clutter removed. Although during this inspection, we found storage of items under the main staircase, which has been previously identified as a fire risk for people. People are living at the service without a personal emergency evacuation plan (PEEP) with one staff fire training session held this year. People's health and safety was identified as an area for improvement at our last inspection which has not been met.

## Leadership and Management

There are governance arrangements in place to support the operation of the service. A suitably qualified and registered manager with Social Care Wales; the workforce regulator was appointed in April 2023. They manage the day to day running of the service with the support of a clinical lead. The RI is a visible presence having designated time to work at the service given the lack of experience of the management team. There has been a lot of staff movement at the service including nurses, care workers and ancillary staff. The manager has introduced regular meetings and staff supervisions to keep staff updated about what is happening at the service. It was reported that communication has improved with information about people now being shared with relevant agencies. Additionally, the management team have forged positive links with commissioning teams. The manager has moved offices to be more available to staff and visitors.

There are robust recruitment practices in place with staff supported in their roles. We looked at newly appointed staff personnel files. Vetting in the form of disclosure and barring (DBS) checks and gaining satisfactory references are undertaken. As required, DBS checks are repeated on a three yearly bases. Photographic identification and evidence of identity is maintained. Regular staff supervision is taking place. Many of the staff are undergoing induction as part of their probation. Staff are supported to register with Social Care Wales.

People cannot be assured they will be supported by sufficient number of staff with skills and training to meet their needs. The service provider does not have a measurable and systematic approach to determine the number of staff and range of skills to meet people's needs. Nursing auxiliaries are employed to support nurses with their duties, although the role is being considered to make sure new staff are inducted and trained appropriately. We found the manager and the clinical lead are covering nursing shifts which takes them away from other duties such as ensuring people's care plans and essential paperwork such as PEEPS are in place. Care staff have expressed some discontent with the service, and this has led to a high staff turnover. We have identified staff sufficiency as an area for improvement and we expect the provider to take action.

### 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
21	Individuals are at risk from poor and unsafe care and support because there are insufficient systems to protect them.	New

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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14	We found two people recently admitted to the service did not have full and complete assessment of their needs. The service provider must not provide care and support for an individual unless they can determine they can meet their needs and personal outcomes.	New
34	The service provider must ensure there are sufficient staff who have the knowledge, competence, skills and qualifications to provide care and support to enable individuals achieve their personal outcomes.	New
15	We were unable to establish if people's care and support is being provided in accordance with individuals likes, dislikes and preferences.	Not Achieved
16	We were unable to establish if people, their family and or representatives are involved in the review process.	Not Achieved
57	During our visit/s we found a number of health and safety risks to people living, working and visiting the service.	Not Achieved
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.	Achieved
36	There are insufficient arrangements to demonstrate staff are receiving regular supervision.	Achieved

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