



Inspection Report on

Cerrig Camu

**Cerrig Camu
Dolgellau
LL40 2SP**

Date Inspection Completed

07/02/2025

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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	11 December 2024
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

Summary

People are starting to feel happier living at Cerrig Camu. We observed an improvement in interaction between people and staff at this visit. People are more able to make choices about their daily lives. Personal plans are now detailed, up to date, reviewed and updated according to changing needs. Staff are more available for people to attend activities they enjoy; however the service still doesn't have a clear understanding of how many hours of support each person requires.

Staff are feeling more supported by the management team. Although training compliance is improving, staff need to complete more training to sufficiently meet people's needs. Governance arrangements in place are still insufficient. The Responsible Individual (RI) visits the service regularly, but timely action has not been taken by the management team to identify and address issues that place people's well-being at risk. The environment still requires improvement.

The priority action notices issued at last inspection in relation to provision of service, personal plans and review of personal plans have been met. The priority action notices issued in relation to monitoring and improvement of the service, standards of care and support, safeguarding and supervision of management of the service remain in place. The areas for improvement highlighted at last inspection in relation to the premises and medication also remain in place.

Well-being

People are starting to have control over their day to day lives and feel their views are considered. People say they like living at the service, that things are '*getting better*', and they are supported by staff they like. Staff provide responsive and sensitive care and support according to people's needs. People's preferred routines are now better understood by the management team and staff. We saw people's plans for the day written on a board in the office for people and staff to see, along with which staff are supporting individuals. The RI speaks to people and staff when they visit and gathers their views. Resident and relative meetings have started so people and their relatives are involved with improvement and development of the service. We saw more evidence of personalisation in rooms. Personal plans are written together with the person where possible and document people's preferences, they now give care staff the accurate instruction required to support people. Reviews are carried out in line with regulations and staff have a better understanding of people's needs.

The provider continues to work on having an understanding of people's allocated support hours to ensure their well-being outcomes are effectively met. People had been out to Porthmadog and Barmouth on the day of inspection and the provider has ensured there are several vehicles available to take people out when required. The service matches Welsh speaking staff to Welsh speaking residents where possible and we observed Welsh speaking staff speaking Welsh to Welsh speaking residents.

People are mostly supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Medication administration and management practices of the home require improvement and we have still found incident, accidents and safeguarding concerns are not recorded and actioned appropriately. The lay out and décor of the home does not support people to achieve a good standard of well-being. Strategies for reducing risk to people are insufficient. We found staff do not have the training required to meet all the assessed needs of people and keep people safe.

Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. The accuracy of personal plans and risk assessments has improved since last inspection, they now provide clear and up to date details of people's specialist needs for staff to follow. Risk management plans are now in place for all residents. Personal plans and risk assessments are also reviewed in a timely way. The priority action notices in place in relation to personal plans and reviews of personal plans have therefore been closed.

People do not always receive care in line with their personal plans and risk assessments. Although people now mostly know who will be supporting them and when, the service is still working to understand how many hours of support each person should have each day. Care staff are now matched with people according to the training they have and people with complex communication needs are matched with staff who understand how to communicate best with them. Relationships between staff and people are improving and we observed improvements in responsive and person-centred care and support during our visit. People mostly have access to specialist advice and support from health and social care professionals in a timely manner. Although training levels are improving, they are still not at a sufficient level to ensure staff can meet the specialist needs of people across the service. This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

Although improvements have been noted, the service provider still does not have sufficient mechanisms in place to safeguard people. The service cannot evidence whether staff are sufficiently trained in safeguarding or when this training is due for renewal. Although safeguarding policies and procedures are in place, they are not always followed by staff and management. Incident and accident reporting processes are not always consistent and improvements are required in analysis and learning from events. This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

Medication storage and administration practices in the service require improvement. Although many staff are now trained in medication administration, only half have had their competency to do so assessed. Medication audits have been completed by management. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Environment

People do not live in an environment suitable to their needs. Since last inspection, we observed an improvement in a few areas of the service with rooms decorated in people's favourite colours and living areas and bedrooms tidier. Visitors are required to sign in and provide identification on arrival. There are communal spaces available for people to use and we saw some people using them, but the décor and furniture does not make them appealing spaces to spend time in. The service provider needs to invest more in the decoration and maintenance of the home to ensure it meets people's needs. The entrance to the main house of the service is uninviting and gloomy and the décor is dark and institutionalised in communal areas, décor choices have been made by care staff who previously worked at the service, not people living there. Maintenance and cleaning of bedrooms and communal areas is inconsistent. We found areas of the home requiring a deep clean and this had not been identified as part of environmental checks completed by the provider. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The home has the highest food rating attainable and routine health and safety checks for fire safety and water safety are completed and records show required maintenance, safety and servicing checks for the gas and electrical systems are up to date.

Leadership and Management

Supervision of the management of the service is inadequate and systems in place for governance and oversight of the service require improvement. Whilst the RI visits the service regularly to inspect the property, check records and gather the view of people and staff, incidents and safeguarding issues are not fully understood and analysed with appropriate action taken. A quality of care report was overdue at the time of inspection. Resident and staff meetings are now taking place, people and staff told us they find them useful. Monthly management audits are completed but these are not always effective, which means risks or changes in support needs are not identified in a timely way. Environmental audits are completed but lack of cleanliness has not been identified in some areas of the home. Weights are completed by staff and sent to the management team, but the management team has not analysed these and identified anomalies or reductions in weight. Issues are being identified at inspection rather than the provider identifying them proactively. This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement action.

Staff told us the service feels more organised and less chaotic and support from management has improved. Staff meetings have started so they feel more able to share their views and their ideas are taken seriously. We observed improved relationships between people and staff, and staff and the management team and found the culture in general has improved. The priority action notice in relation to provision of service has therefore been closed.

People cannot be satisfied they will be supported by a provider that provides appropriate numbers of staff who are suitably fit. New staff undergo vetting checks prior to starting work in the service and staff receive an induction specific to their role, and the management team have now ensured staff receive the support they need through organised annual appraisals and regular one to one supervision meetings. Care staff do not always have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes as training compliance continues to be low. Although improvements have been noted since last inspection, we found training compliance levels in relation to dysphagia, catheter care, epilepsy, diabetes, autism and learning disabilities to be lacking. Training compliance across nearly all areas still require improvement to ensure staff can safely and confidently meet people's needs. There continues to be gaps in Social Care Wales registrations and not all care staff have an up-to-date Disclosure and Barring Service check in place, although those without checks now have risk assessments in place. This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement 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
26	The service provider has not ensured service is provided in a way which ensures individuals are safe and are protected from abuse, neglect and improper treatment. The service provider must ensure safeguarding procedures are followed, the appropriate agencies are notified of incidents and accidents and that incidents and accidents are reported and actioned accordingly.	Not Achieved
21	The service provider has not ensured people are supported by staff that have the appropriate language and communication skills, that people receive continuity of care and relevant agencies and specialists are consulted in a timely manner when required. The service provider must provide continuity of care to people living in the service, with staff who	Not Achieved

	can communicate with the effectively. They must also ensure specialist advice and guidance is sought from relevant professionals in a timely manner, and advice from professionals is reflected in personal plans and in the care people receive.	
66	The responsible individual has not ensured proper oversight of the management, quality, safety and effectiveness of the service. The responsible individual must ensure policies, processes, and systems are in place to enable proper oversight of the management, quality, safety and effectiveness of the service.	Not Achieved
34	The provider has not ensured there are sufficiently supervised staff or ensured management availability and presence for care staff to contact if or when they need to. Management need to be available for care staff and seniors to contact at all times and are required to provide formal supervision to all staff.	Not Achieved
8	The service provider have not ensured there are effective arrangements in place for monitoring, reviewing and improving the quality of care and support provided by the service. The service provider must improve how they monitor, review and take action to improve the quality of care and support provided to people.	Not Achieved
34	The service provider has not ensured that at all times a sufficient number of suitably qualified, trained, skilled, competent and experienced staff are deployed to work at the service. The service provider must ensure there are enough staff on duty, that are trained, skilled and competent to meet the needs of people living at the service.	Not Achieved
16	The service provider has not ensured personal plans are kept under review and are amended and developed to reflect changes in people's care and support needs and personal outcomes. The service provider must ensure they complete reviews of personal plans and associated documents at least every three months, and ensure amendments are made to personal plans in a timely way when changes in need are identified.	Achieved

6	The service provider has not ensured clear arrangements are in place for the oversight of the service in order to develop and maintain a positive and compassionate culture. The service provider must ensure the best possible outcomes are achieved for individuals using the service through effective oversight and governance of the service.	Achieved
15	The service provider has not ensured people have an up to date, accurate personal plan for how their care is to be provided. Personal plans in place must be up to date, reflect people's needs and identify risks and how they can be mitigated.	Achieved

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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
43	The service provider has not ensured the premises and facilities are suitable for the people living at the service. The service provider must ensure accommodation is clean and tidy. People living at the service should be involved in the decoration of the service and decoration and decor should contribute towards the well-being outcomes of those living at the service.	Not Achieved
58	The service provider must have arrangements in place to ensure that medicines are administered safely. The service provider must ensure all staff administering medication are trained and assessed as competent to do so. The service provider must also ensure appropriate action is taken in response to medication errors when they occur.	Not Achieved

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