Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Cerrig yr Afon nursing home

Resicare Ltd, Cerrig Yr Afon Nursing Home, Caernarfon Road, Y Felinheli, LL56 4NX

01248670309

www.resicare.co.uk

The inspection visits for this service took place between 26/11/2025 and 02/12/2025

Service Information:

Operated by:	Resicare Ltd
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with nursing, Care home for adults - with personal care
Registered places:	57
Main language(s):	Welsh and English
Promotion of Welsh language and culture:	The provider makes an effort to promote the use of the Welsh language and culture or is working towards a bilingual service.

Ratings:

Well-being	Requires Improvement
Care & Support	Requires Improvement
Environment	Requires Significant Improvement
Leadership & Management	Requires Significant Improvement

Summary:

Cerrig Yr Afon is a residential service with the provision for nursing care based near Caernarfon in North Wales. The service is currently in administration, overseen by an insolvency practitioner with an appointed organisation to manage the day to day running of the service.

People are treated with dignity by care staff who genuinely care about them. Staff do their best to meet the needs of people but are being impacted by issues with staffing, the environment and issues associated with the service currently being in administration. Improvements are needed to the overall continuity of care and support, so all areas of people's wellbeing are consistently met to a high standard.

Significant improvement is needed to the environment at the service, so people live safely and have access to equipment and facilities which support their outcomes. The provider must ensure maintenance is carried out so people are not disadvantaged during the transition period of the service.

The leadership and management of the service require significant improvement. Appropriate

support from the management organisation is required to ensure the acting manager is supported to deliver the service in line with the statement of purpose. Issues identified which pose a risk to the safety of people must be addressed in a timely way.

Findings:

Well-being — Requires Improvement

People are supported with their physical health and wellbeing and have some choice and control over their daily lives. All staff at the service know the people they support extremely well and treat them with dignity and respect. We observed and heard many positive interactions where people are supported with patience and kindness. This approach is extended to family and friends who come to visit loved ones at the service. We saw visitors through both days of inspection, spending time with people in communal areas and their bedrooms. Feedback from families we spoke with was mostly positive.

People are asked about their hobbies and interests and how they like to spend their time. Historically we found good provision of activities in the service but were told this has been impacted by being short staff at times and no longer having the same funds/provisions to invest in activities. This is expected to improve with the recruitment of an additional activity coordinator. On the day of inspection, people were watching Christmas decorations being put up and were actively involved in contributing to where they wanted them to be. Other people who could do so independently, were doing colouring, puzzle books or knitting. The activity person has a good understanding of the barriers people may face with being able to engage with and enjoy certain activities. They ensure there are options available to suit all interests and abilities.

The acting manager recognises and understands the importance of the Welsh language and culture. Recruitment of Welsh speaking staff has been successful, which combined with the current staff team, means people are able to receive care and support in the language of their choice. The manager endeavours to make sure there are Welsh speaking staff on every shift. Menus are bilingual and have pictures of the meal choices. People have a choice of what to eat and drink. We saw meals are of a good quality and nutritionally balanced. The chef caters to a range of dietary needs and requirements. We saw people have hot and cold drinks on a regular basis throughout the day.

People are mostly safeguarded from abuse and neglect. All staff complete safeguarding training and are supported by policies and procedures. The acting manager has very robust systems for recording and monitoring any incidents, accidents, and safeguarding events. A monthly review of this information means patterns and trends can be identified and appropriate action taken.

Care & Support — Requires Improvement

Initial assessments are comprehensive and include gathering information about peoples likes, dislikes and what is important to them. People are asked about their language preferences and whether they like to be supported by male or female care staff. Initial risk assessments are conducted to establish what equipment people need and if specific care such as pressure relief or mobility support is needed. Personal plans are overall of a good quality with detailed information about peoples care needs and preferences. We found records are reviewed on a regular basis with important changes made so information is mostly accurate and up to date.

People do not currently experience consistent continuity of care. This appears to be dependent on the staffing levels at the service. On the first day of inspection, staffing levels were lower than the levels advised in the statement of purpose and dependency tool. We found several issues which impacted negatively on people or placed them at risk. Tubs of thickener used in drinks for people were left in communal areas or bedrooms without lids. This poses a significant choking risk to people and had been previously raised as an issue. Nineteen people did not have a working call bell, or this was not available or out of reach. This means people are unable to call for help if they need it. People told us they have to shout for staff. This had also been identified in a previous service audit but remained an issue. We found personal care items and prescribed creams to be stored poorly or in the wrong person's room. Not everyone had a toothbrush or toothpaste, or they were in a poor condition. Handwashing facilities (soap and paper towels) were not available in all bathrooms. People on air mattresses did not have these on the correct level and stickers on equipment was not for the person/room they were in, which could lead to incorrect settings being in place. Care staff appeared very busy. We saw one person just beginning to have personal care at midday and people still being served lunch an hour after lunch service had started. We found few people out of bed in the communal areas and were told there is normally more people up. When we asked why this was, we were told it is because there are not enough staff on shift, whilst another person said it was because of the heating issues, and it was warmer for people to be in bed/in their rooms. This meant most people needed their meals and drinks in their rooms, creating additional pressure on care staff to ensure people were supported to eat and drink. On the first day of inspection, we saw care staff did not have their lunch till very late afternoon. We were assured staff are afforded regular breaks but did not observe this. We found good records of food and fluids in daily records but inconsistencies in the recording of other care interventions, with large gaps between continence care. We were told this is because staff are not recording checks that have occurred but where no intervention was needed. Whilst immediate action has been taken to address the issues identified, acknowledged on the second day of inspection, this quality needs to be sustained. Outcomes for people require improvement and we expect the provider to make improvements.

People are well supported with their medication. We found medication processes to be efficient and well managed. People have the medication they need when they need it to support their wellbeing.

We saw where people required specialist administration this was appropriately managed.

Environment

Requires Significant Improvement

People do not currently live in an environment which is maintained to a good standard and supports all areas of their wellbeing. Due to the service being in administration there has been minimal investment which has impacted on the facilities available to people at the service. We found some furniture including chairs and tables, in communal areas and bedrooms to be worn, damaged, soiled, and missing parts making it unusable. Several communal bathrooms/shower rooms were out of order and in need of repair with only one working shower in the service. This means people have reduced access to bathing facilities. We found some call bells in bedrooms to be damaged and requiring repair, this had not been identified and actioned. Unexpected issues with heating, electricity and water damage have put additional pressure on the service to provide an emergency response with little resources and support from senior management.

People are not as safe as they could be due to risks in relation to fire safety. A fire risk assessment carried out in October 2025 identified several areas where action is needed to make sure the service is safe. At the time of the inspection, a month after the initial fire assessment, little work had been completed from the fire actions due to this needing to be completed by external qualified contractors. The responsibility for sourcing contractors and making arrangements has been left with the acting manager at the service, on top of their role of leading and supporting the daily running of the service. Delays created by seeking quotes and sourcing contractors means people continue to be at risk.

People live in a service which is clean and where infection prevention and control procedures are mostly good. Domestic staff work hard to ensure areas of the service are clean. Personal protective equipment is available and minor issues identified on the first day of inspection had been rectified before we conducted a second visit. The Food Standards Agency inspected the service in January 2025 and awarded a level 5 rating. This is the highest which can be achieved and indicates a high level of food safety management and compliance.

The issues identified with the environment and fire safety are being addressed as a matter of priority. These issues form part of a priority action notice in relation to the overall provision of the service by the current provider.

Leadership & Management

Requires Significant Improvement

People are supported by a dedicated team of staff who strive to support people to the best of their ability. The managing organisation has not ensured a manager who is registered with Social Care Wales is in post. There is an acting manager in post who is very experienced and is working towards attaining the required qualifications, however they have not had the support of a deputy manager or until recently a clinical lead with supernumerary hours. This has meant the acting manager has been carrying out the role of both manager and deputy, orchestrating the daily running of the service, and responding to critical incidents. Whilst there are good processes in place to monitor the quality of the service, the practicality of implementing these and sustaining standards has been impacted by the capacity and presence of the leadership team. Monthly audits of the service are conducted by regional managers, with actions identified and added to the Home Development Plan. Whilst we were able to evidence some actions being addressed, others such as call bell issues, and archiving actions remained outstanding at the time of our visit a month later. We saw good evidence of the acting manager identifying quality issues and creating a report to address this with staff but at this inspection, similar issues were identified. The management organisation has authorised a shift leader to be appointed to monitor daily quality and support the shift which will allow the acting manager to deal with operational issues. The service does not currently have a responsible individual (RI) for the service as this role has not been filled following the resignation of the previous RI. This role is essential in ensuring effective monitoring and oversight of the service and support for the manager. Additional intelligence from other professionals indicates the issues identified at this inspection have occurred over a short period since September 2025, coinciding with the loss of the RI and regional manager for the service. Not all stakeholders are confident in raising concerns regarding issues at the service. Assurances were given that individuals, families, representatives, staff, and professionals can raise concerns and that complaints and whistleblowing procedures are in place. Despite these assurances, many people shared they felt issues were not always listened and responded to or they were responded to negatively. Whilst we were unable to evidence this, the service must ensure they record any issues, complaints and concerns with their responses and action taken. This will demonstrate policy and procedure is being followed, and decision making is appropriate. The providers failure to ensure the service is provided with sufficient care, competence and skill has resulted in some people experiencing poor outcomes. We have therefore issued a priority action notice and expect the provider to take immediate action.

People cannot be assured the service is currently being provided in line with the requirements of the statement of purpose. The service statement of purpose had not been reviewed for over 12 months and contains some inaccurate information. We were unable to evidence the assurances about the support systems available within the wider organisation had been implemented. This has created additional pressures for the whole staff team in terms of managing the environment and responding to unexpected incidents. Assurances around the provision of facilities such as call bells

and bathing facilities are not reflective of the current situation at the service. We identified inconsistencies in the staffing levels of the service. Staff told us they struggle to meet the needs of people because they do not have enough staff and people have very high needs. We asked to see the dependency tool for the service which determines appropriate staffing levels based on the care and support needs of individuals. We were unable to clearly evidence how the needs of people had been assessed and a determination of their overall level of their needs made. We reviewed several weeks of rota records and found staffing levels do not reflect the levels stated within the statement of purpose and the dependency tool. The manager has successfully recruited to vacancies at the service and since the inspection, the dependency tool has been reviewed and updated. Outcomes for people require significant improvement and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

Summary of Areas for Improvement	Date identified
People do not always experience consistently good standards of care and support in relation to maintaining their personal spaces, having access to sufficient bathing facilities and having equipment which supports their safety and wellbeing. This is due to the level of resources available in relation to staffing levels, equipment and maintenance.	26/11/25

Summary of areas for Priority Action	Date identified
People cannot be assured the provider is sufficiently supporting the service to ensure it is being delivered in line with the assurances given within the statement of purpose. This has resulted in people not experiencing consistently high standards of care and support in a well maintained environment which supports their needs.	26/11/25
People do not currently receive consistently good quality care and support which helps them to achieve all their wellbeing and personal outcomes. This is because the environment does not support some aspects of care and support and there are inconsistencies in the provision of resources and support for the staff team.	26/11/25

Mae’r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh