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 15/06/2026 and 17/06/2026

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 promotes, anticipates, identifies, and meets the Welsh language and culture needs of people.

Ratings:

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

Summary:

Cerrig Yr Afon is a residential service for adults 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 healthcare management organisation in place.

People experience good wellbeing outcomes. They are supported to have choice over aspects of their care and can engage in meaningful, person-centred activities.

People receive good care and support. Their physical and mental health needs are met by clinical staff within the service and external professionals. Care is good quality, timely and meets their identified needs.

The environment of the service requires improvement. Immediate risks to health and safety have been addressed but further work is needed to ensure people live in accommodation which is in good condition and offers pleasant living spaces.

The leadership and management of the service is good. Robust processes are in place to ensure the smooth daily running of the service. Improved oversight and support have meant issues have been addressed quickly and positive outcomes were evident at this inspection.

Findings:

Well-being — Good

People have choice and control over as much of their daily lives as possible. People decide when they want to get up, go to bed, what they want to eat, how they want to spend their time and who with. We heard people being asked to take part in activities or to spend time in different areas of the service. Care staff know people well and can anticipate the needs of people who may experience cognitive or communication issues. Care staff are kind and patient, interacting with respect, empathy, and good humour. Important things to people are recognised and supported. On the day of inspection a family member was performing musical entertainment with other family and friends attending to enjoy the event with their loved ones. The service strives to promote community inclusion and the involvement of family, friends, and representatives. This approach creates a nurturing and homely atmosphere. Resident and representative meetings have been started to encourage people to discuss their views and hear about what is happening at the service. Feedback from people and their representatives spoken with on inspection was positive. We saw many personal messages of thanks from families where there loved one had been cared for at Cerrig Yr Afon.

Improvements have been made to the provision of activities and entertainment since the last inspection. External entertainment such as performers, local brass bands and animal encounters visit the service. The activity coordinator has taken great time and care to speak with people and find out their hobbies, interests, and passions, recording this information in clear, person-centred detail. Activities are then centred around this information making sure they are meaningful and suit the needs of people. We found equal time is spent engaging in group and one to one activity. The activity coordinator understands the importance of ensuing people are not at risk of social isolation where they are cared for in bed. We saw positive examples of people who historically did not want to do any activities, beginning to try new things. Photo albums, photo walls, and posters display what has been going on at the service and create a way to reminisce and share happy memories.

The service delivers the Welsh Active Offer. The manager structures rotas to ensure there are Welsh speaking staff on each shift in different areas of the home so people can receive their care in the language of their choice. Information about the service such as the complaints policy is available bilingually. People have access to Welsh literature and entertainment. Signage and menus are bilingual and pictorial.

Care & Support — Good

People receive the right care at the right time. This is because the provider conducts detailed initial assessments before they can make a decision about providing a service. People are asked about what is important to them, their language and care preferences. Detailed admission paperwork provides a clear timeline of admission from previous settings and shows positive outcomes in relation to people's physical and mental well-being. Examples of this include people gaining weight after admission and the healing of tissue damage. Personal plans are detailed and person centred They are reviewed on a regular basis and updated when people's care needs change. Whilst we found some minor inconsistencies, these are being identified through the providers own auditing processes and rectified as care records are transferred onto more structured formats.

Significant improvements have been made to the continuity of care at the service. On both days of inspection we found staffing levels to be aligned to the assurances within the statement of purpose. A new shift plan is in place, delegating staff to work in specific areas, with support from senior care staff and nurses. People receive the care they need when they need it. Call bells and requests for support are met in a timely way. We found records of care interventions such as repositioning, personal care, welfare checks, and assistance with eating and drinking to be mostly regular, as per specified in personal plans. A new call bell system is being installed at the service. Care staff are organised and work together as a team. We saw care staff have scheduled breaks throughout the day.

People are overall safeguarded from abuse and neglect. All staff complete training relevant to their role at the service which includes safeguarding. Policies are in place which communicate the processes in place in relation to safeguarding which are reflective of Welsh guidance. Good systems are in place to record and monitor incidents, accidents and safeguarding events. The regional manager reviews these records to identify patterns and ensure appropriate action has been taken. Safeguarding could be strengthened by ensuring all post incident actions are formally recorded to demonstrate reflective practice and lessons learned.

Medication is appropriately managed. Nursing staff have good understanding of the full process of ordering, receipt, storage, and administration of medication. We found appropriate documentation and review of specific processes such as covert administration. Records seen were clear and fully complete.

Environment — Requires Improvement

Since the last inspection, action has been taken to address the concerns identified by the fire service and CIW. This means risks to people's health and safety are reduced. The management organisation meet weekly with the administrators to discuss the progress of the service. A home development plan is in place which includes a maintenance plan for the financial year, so improvements continue to be made. Bathrooms are in working order. Some furniture has been replaced.

All enforcement action issued by North Wales Fire and Rescue Service has been addressed. Fire equipment is serviced to ensure it is fit for purpose. Weekly fire checks are conducted within the service, and fire drills are conducted so staff know how to respond in the event of a fire. Other maintenance and servicing such as boiler checks, electrical safety and equipment servicing are complete.

People have access to the equipment they need to support their personal outcomes. People have specialist beds, mattresses, mobility aids, and seating. This means they can spend time where they choose to and are not restricted to being cared for in bed. Nursing staff conduct daily checks of call bells, mattress settings, and sensor mats. We saw mattress settings are reviewed monthly in alignment with weights to ensure they are correct for the person and equipment is correctly labelled. On the day of inspection, most specialist mattresses seen were on the appropriate setting.

People live in accommodation which is clean. The housekeeping team work hard to ensure peoples bedrooms and communal areas are clean, tidy, and free from malodours. Appropriate infection prevention and control procedures are in place. The Food Standards Agency inspected the service in January 2026 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.

Whilst improvements to the environment have been made since the last inspection, work is still required to ensure all areas of the service, both inside and out, are sufficiently maintained. Improvements are needed to the overall cosmetic appearance of the service so people enjoy a homely environment which they can be proud of. People would benefit from having safe access to outdoor spaces. This is an area for improvement. We expect the provider to take action and will follow this up at the next inspection.

Leadership & Management — Good

People have experienced improved outcomes since the last inspection of the service. This is due to the reinstatement of senior management from the appointed management organisation and the implementation of a clear structure at the service. Since the last inspection, the clinical lead has been appointed to the deputy manager role with specific supernumerary hours to support the manager of the service. The regional manager for the service has reinstated regular visits to conduct monthly audits and provide further support to the manager. Shift leaders are now in post, to make sure the shift delegation plan is carried out and to orchestrate regular breaks for care staff. The service is currently well recruited with appropriate levels of staff each day to meet the needs of people living at Cerrig Yr Afon. The acting manager continues to lead the service with experience and confidence. Everyone we spoke with gave positive feedback about the manager, saying things had much improved over the last few months. Detailed audits are completed within the service to monitor quality and are reviewed in conjunction with audits conducted by the regional manager. Actions are identified and added to the home development plan. Minor issues identified at the inspection had also been recognised through these processes with an action plan is in place. Communication with the staff team at Cerrig Yr Afon is good. The manager ensures meetings are held on a regular basis with all departments to share important updates, gain feedback and discuss areas of practice development. Improvements to the overall atmosphere and culture at the service is clearly visible amongst the staff team, people living at the service and visitors.

People can be confident they are supported by care staff who have been safely recruited, inducted and trained. We reviewed recruitment records and found all the required pre-employment checks to be in place. This includes disclosure and barring service checks (DBS) and obtaining appropriate references. These checks are essential to ensure new employees at the service are safe and suitable to work with adults at risk. Care staff are professionally registered with Social Care Wales, and clinical staff are registered with the Nursing and Midwifery Council. All staff receive one to one supervision on a regular basis and told us they are happy and well supported. Training is comprehensive, with regular sessions completed both online and face to face.

There is currently no appointed responsible individual (RI) for the service. The absence of a Responsible Individual (RI) posed a potential risk to service quality; however, effective oversight and auditing by the regional manager and service manager mitigated this risk. Stakeholders can contact senior managers and provide their views, opinions, and feedback in several ways. The regulations require, in the absence of an RI, an appointed person must carry out the requirements of the role. At this inspection we found there had been no quality-of-care review completed, and no quarterly visits as required by Regulation 73 with an accompanying report. This is an area for improvement. We expect the provider to take action and will follow this up at the next inspection.

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 currently reside in accommodation which they can be proud of. People would benefit from living in a service which is cosmetically attractive and where the condition of the building is a good standard. People are unable to access outdoor spaces independently and safely.	15/06/26
People do not currently have a named person who they can recognise as the responsible individual for the service. People may not be sure who they can speak to in the absence of this key role. Specific processes required to gather feedback and monitor service provision are not being recorded to evidence the actions identified and addressed.	15/06/26

CIW has not issued any Priority action notices following this inspection.

Mae’r adroddiad hwn hefyd ar gael yn Gymraeg

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