



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

## Inspection Report on

**Ceris Newydd Nursing & Residential Home**

**Treborth  
Bangor  
LL57 2RQ**

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## **Description of the service**

Ceris Newydd Nursing and Residential Home is located by the Menai Straits with excellent views of the river and Menai Bridge. The home has 77 beds, most of which are for the use of people who are 65 years and over; three beds are for people aged between 18 to 64 years of age. The service provides care for people with dementia and mental infirmity. The home consists of two units, Glyn Menai which provides dementia care; and Ceris which accommodates people with general nursing needs.

The home provides people with a statement of purpose which explains the services offered.

## **Summary of our findings**

### **1. Overall assessment**

Ceris Newydd offers a person centred, warm and caring service for people in their care. The home provides a comprehensive activities programme to enable people to maintain their interests and be active.

Some improvements are required to the general maintenance of Ceris unit, both inside and out. The laundry needs a deep clean and adequate ventilation to comply with fire prevention guidelines. G.P. referrals to review people's pain control medication needs to be done in a timely manner.

### **2. Improvements**

The service had an open non-compliance for Regulation 18 (1) (c) of The Care Homes (Wales) Regulations 2002 relating to incomplete staff training and annual updates.

We saw from the training documents that this has now been addressed with staff updated as to their mandatory training requirements. The non-compliance has now been closed.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service and areas where the care home is not meeting legal requirements. These include the following:

- The laundry needs to meet fire prevention guidelines.
- Pain control referrals to the G.P. need to be done in a timely manner.
- All first floor windows and above need restrictors.
- Confidentiality, dignity, and data protection issues.

- Creams and ointments should have people's names on them and have an opening date.
- Quality of food.
- Maintenance and cleaning issues.
- Supervision of staff.

# 1. Well-being

## Summary

People living in Ceris Newydd have a sense of belonging expressed through warm, positive relationships with staff. Care delivery is person centred and respectful of people's personal choices.

## Our findings

People benefit from an inclusive environment which supports them to retain their individuality and interests. We saw a full activities menu on offer in both units of the home, both for group work and those who preferred to stay in their rooms. A person's relative told us that the activities person cheered their relative up and had a, "*brilliant sense of humour*". We saw samples of people's art works in the lounges and in their bedrooms. People have television in their rooms and have access to reading materials. We saw posters on the notice boards to advertise organised events such as musical entertainers; sing alongs; and hairdressing and beauty. We observed that staff spoke with people in a warm, friendly manner and obviously knew of their likes/dislikes and interests demonstrating they valued them as individuals. During lunch people were treated with friendliness and warmth however, we noted that a staff member was not as communicative as others with the person he was aiding, this was addressed by the manager as it may highlight a training need. People are valued for their individuality and are supported to retain their interests and hobbies.

People's first language choices are respected. The registered manager told us that 75% of staff can speak Welsh. We heard staff and people talk together in a natural manner both in Welsh and English. Some entertainments were offered bi-lingually in the home. Some signs, but not all were seen to be in both languages. People's first language choices were documented in their files. The home is working towards an active offer of Welsh, meaning that people can converse and live naturally through the medium of Welsh without having to ask.

The quality of the food is inconsistent. We had feed-back from people who live in the home that the quality of the food is, "*patchy*". A person told us, "*it depends, some days the food is lovely, other days it's not so good- they can't cook rice for instance, and it's always hard.*" Other people spoken with said the food was "*good*". This corroborates with previous inspections where the standard of the food met with mixed reviews. We saw that food was plentiful in the home and that drinks and snacks were available for people throughout the day. People told us that special meals were made for certain occasions and that they had a birthday cake made for them. Greater quality assurance of the meals provided for people is required to support good nutrition and enjoyment.

## 2. Care and Support

### Summary

People receive person centred care which supports their individual needs. People are not assured of timely symptom control. People have warm relationships; and good communication with staff who are familiar to them.

### Our findings

People's care is planned around their individual needs and how they like things done. We saw from reading the care files they were person centred and contained a "This is Me" document which detailed people's likes and dislikes and their preferred night and day time routines. The service uses recognised national tools to measure people's risk of falls; pressure sore risk and weight /nutrition. We saw from people's files that generally, staff respond to people's changing care needs in a timely way, for instance people who consistently lose weight are referred to the dietician. However, we noted that a person who was unable to swallow oral pain medication did not see a G.P. for assessment until four days following the onset of their difficulty. This does not provide good pain relief for people living in the home. We, Care and Social Services Inspectorate Wales, (CSSIW), had received a concern regarding lack of timely pain medication for people from staff. This is an area that requires improvement, and highlights a staff training need. People are not assured of adequate pain relief.

People have good relationships with staff. We observed that staff were supportive of people in their care and treated them with dignity and respect. We spoke with some relatives of people living in the home, they told us that they felt included in their relatives care, and were able to visit as needed. We saw that visitors came at meal times and were able to help their relatives. We observed that staff, visitors and people living in the home knew each other well, and were able to converse in a warm, natural manner. Families told us that communication with the home was good, and that staff informed them if their relatives' care needs changed. A person living in the home told us that they were happy with the care given, had a lovely room with a good view, and said; *"staff are good to me."* Other people spoken with praised their care, and felt at home in their rooms as they had their personal possessions around them. A relative told us; *"I'm happy with the care. I'm able to speak Welsh with the staff- they communicate about my wife's needs well."* We saw from the staff files and from speaking with staff that staff retention was fairly good in the home, many staff had worked there for years and knew the people and their families well. People connected to; and those living in the service, have warm relationships with staff who are communicative and familiar to them.

### **3. Environment**

#### **Summary**

The home is set by the Menai Straits and many people have lovely views of the river from their rooms. There is plentiful parking, and wooded garden areas for people's use. The home is in need of some maintenance both inside and out in particular the laundry which does not conform to fire safety guidelines. Glyn Menai is a newer building which has been designed especially for dementia care needs.

#### **Our findings**

People live in an environment which meets their needs. Glyn Menai is a purpose built unit with many dementia friendly elements. We saw that the environment was bright and colourful with memorabilia from past decades included in the décor to stimulate people's memories. Some new art works had been included in the decoration, for example, a quiet reflection corner with a painting of a water fall and water sounds, soft lighting, and wicker seating. Some paintings were of local views to orientate people to their surroundings. We saw that people had their own possessions in their rooms- in both parts of the home- to make the space feel homely and familiar. People had memory boxes outside their rooms or a brief potted history of their lives and things that are important to them- consent had been sought from families if people did not have capacity to consent for this. Some maintenance was required to the paint work in high traffic areas, corridors and people's rooms. Staff told us that bathrooms were seldom used as people preferred showers or to attend to hygiene needs in their en-suite bathrooms. We advised that the bathrooms should never the less be cleaned, paint residue was also found in the baths. Many bathrooms were used as storage in Ceris unit, we saw a step ladder in the entrance of one bathroom which constituted a trip hazard. Bathrooms not used for their original purpose should be locked to maintain people's health and safety. The provider needs to be mindful of their registration requirements regarding the amount of bathrooms available to people. The outside of the newer Glyn Menai looked in better condition than the Ceris building which needed attention to paintwork, weeds were seen in the borders and guttering which did not lend itself to a well maintained building. Large boxes of sanitary wear were left in the reception hall of Ceris all day; this constituted an obstruction and did not support a tidy, dignified environment. Attention to housekeeping and maintenance is required in Ceris, carpets in some people's rooms had stains and food debris on them, some en suite bathrooms also required cleaning. Paintwork was scuffed and scratched in some rooms and corridors. A tear was seen to the flooring outside a ground floor toilet, this had been taped but this too was raised and could cause someone to trip. Windows in Glyn Menai were seen to have restrictors on them, to prevent people from falling out of them. Not all first floor windows and above in Ceris have restrictors which are a health and safety risk and needs addressing to meet regulations and requirements. Some free standing heaters were seen without guards on them- this needs to be remedied to prevent people being scalded. Free standing wardrobes and other heavy furniture need fixing to the walls to prevent people injuring themselves should they pull them on top of themselves. People and families talked with were generally happy with the home and their rooms, and especially appreciated the lovely views. The

home is generally fit for purpose but requires some maintenance and housekeeping in areas.

The laundry does not meet the regulations, it was covered in dust and lint, debris and crumbled plaster was seen in the corners of the floor. The machine vents were occluded with dust and lint. The only sink had been used to clean paint brushes and was covered in residue. The exposed pipe work in the ceiling was also covered in dust and had an old soft toy placed there which was also dusty. This corroborates our findings from the previous inspection. An independent fire risk company had assessed the laundry as high risk in May; it had not been addressed by our visit in August. We alerted the local fire officer as this constitutes a fire hazard. The laundry needs a deep clean to reduce the fire risk hazard.



## 4. Leadership and Management

Staff training has improved, staff feel well trained; supervised and supported. Providers are committed to learning from any concerns received, and to drive forward improvements in the service. Providers need to ensure that people's personal information is kept in a confidential manner.

### Our findings

Staff feel well supported and trained. We saw from the training records that staff are now updated as to their mandatory training, staff told us; *"things are improving. "and they feel enabled to give care. Nursing staff felt they work well as a team and praised the care workers as; "good, passionate carers."* We saw supervision records were up to date, competency testing regarding tasks were complete; we did not see one to one counselling records for staff; but were assured by the registered manager that this is their practice to support people in their role. Evidence of this is to be sent to CSSIW. We noted that staff retention was generally good, and saw from staff records that recruitment processes were satisfactory. Staff are sufficiently lead and managed in the home.

The quality of the service is audited and tested. We saw that aspects of the service had been tested to ensure its' quality. We read a pharmacy audit for the service which was generally good; some things needed addressing such as documenting when people were unable to take medicines. We saw that the registered manager had communicated this to the staff during a staff meeting and had explained what needed to be done to ensure improvements. We noted, as per the previous inspection, that some creams and ointments did not have people's names or opening dates on them; we saw a cream left in a communal bathroom which would be in danger of communal usage. Prescribed creams should have people's names and opening dates on them and be for their sole use to prevent cross-contamination and to promote hygiene. The registered manager assured us this would be addressed with the staff. We saw from the complaints folder that the registered manager and providers were timely in investigating any concerns, and that any changes or lessons learnt were communicated to staff in the staff meetings. Providers are committed to driving forwards improvement in the service.

Registered persons are required to be mindful of confidentiality. We saw that people's care sheets; which document what type of care was given and when; were kept outside their rooms in the main hall and corridors in Ceris. This was accessible to any passers by to read. This does not conform to confidentiality standards or data protection. We saw clinical signage in rooms, bathrooms and corridors which did not add to the homely atmosphere. We noted that there was a handwritten sign on a bin in one communal toilet which said, *"nappies"*- this is not respectful or dignified signage for an adult care home, the registered manager assured us that it will be removed. People cannot be assured that their private information is protected.

## 5. Improvements required and recommended following this inspection

### Areas of non compliance from previous inspections

<ul style="list-style-type: none"><li>• <b>12 (1) (a) - we saw that first floor windows did not have adequate restrictors in place ( the home had been advised by the Health and Safety executive that this was not required- and yet it falls short of regulations). Some wall and free standing heaters did not have a guard in place to prevent scalding.</b></li></ul>	<p>We saw that some windows In Ceris still need restrictors, windows open quite wide, some are above a flat roof which may tempt people to step out. Free standing heaters are still unguarded. The non-compliance remains open as this may impact upon people's health and safety.</p>
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### Areas of non compliance identified at this inspection

We, The Health and Social Services Inspectorate Wales (CSSIW); notified the registered persons the service was not compliant with Regulation 13 (1) (b) of The Care Homes (Wales) Regulations 2002.

This is because we found that a person using the service did not receive treatment/advice from a health care professional in a timely manner.

We saw from the care records that a person unable to swallow oral painkillers was not referred to the G.P. until four days after the inability to swallow. We had also received an anonymous concern that staff were not responding to people's pain control needs in a timely way.

This impacts upon people's right to treatment; comfort; and does not enable good symptom control.

We notified the registered persons the service was not compliant to Regulation 24 (4) (a).

This is because the standard of housekeeping in the laundry is insufficient to guard against the risk of fire.

We saw that the laundry was covered in dust, lint, and debris. This covered the floor and exposed pipe work in the ceiling. The dryer vents were also occluded with lint and dust. The hand washing sink had been used to clean paint brushes and equipment and was covered in paint residue. This corroborates our findings from the previous inspection. An independent fire risk assessment company had assessed the fire risk in the laundry as red- indicating a high risk- due to lack of housekeeping. This had been identified by the company in May; the issues had not been addressed by the time of our visit in August. This impacts upon people as their health and safety is not assured.

### **Recommendations for improvement**

We recommend the following to ensure good outcomes for people using the service:

- Care sheets containing people's personal information should be kept in a confidential manner, and not on public display outside people's rooms. The provider is advised to be mindful of data protection and people's dignity.
- Creams, lotions and ointments should have people's names on them and the opening date; this prevents contamination and supports good hygiene.
- The quality of the food is inconsistent; this needs to be addressed to ensure that people receive adequate nutrition.
- Ceris unit in particular requires improved house-keeping; tidiness and maintenance to inside and outside areas. Glyn Menai needs some maintenance to high traffic areas where paint work is scuffed. Free standing wardrobes and heavy furniture need to be secured to walls to prevent people from pulling them over by accident.
- Staff supervision needs to include a one-to-one counselling element to ensure that staff are supported in their roles.

## **6. How we undertook this inspection**

This was a full inspection undertaken as part of our inspection programme and was conducted on an unannounced basis. Concerns and notifications as received by CSSIW were also taken into account during the inspection.

We visited the home on 17 August 2018 between the hours of 7a.m. and 2:30pm.

The following methods were used:

- We used the Short Observational Tool for Inspection (SOFI) tool. The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We spoke with the registered manager; responsible individual; deputy manager; three people's relatives; three people using the service; two day staff and three night staff.
- We sent out questionnaires to people using the service, families; staff and health professionals associated with the home. We received one completed questionnaire from a staff member.
- We toured the buildings and facilities including a selection of people's rooms.
- We looked at a wide range of records kept by the registered service. We focused on the staff work rotas for days and nights; five people's care files; medication administration sheets and a selection of care report sheets; staff training and supervision documentation; four staff files; complaints folder; fire safety reports and audit and quality testing reports.

Further information about what we do can be found on our website [www.cssiw.org.uk](http://www.cssiw.org.uk)

## 7. About the service

<b>Type of care provided</b>	<b>Adult Care Home - Older</b>
<b>Registered Person</b>	<b>Fairways Care Ltd.</b>
<b>Registered Manager(s)</b>	<b>Julie Powell</b>

<b>Registered maximum number of places</b>	<b>77</b>
<b>Date of previous CSSIW inspection</b>	<b>26 October 2016</b>
<b>Dates of this Inspection visit(s)</b>	<b>17 August 2017</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>The service is working towards an active offer of Welsh where people can converse and live through the medium of Welsh without having to ask.</b>
<b>Additional Information:</b>	