



# Inspection Report on

**Tremora Cottage**

**Barmouth**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

19 April 2023

**Welsh Government © Crown copyright 2023.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Tremora Cottage

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Treherne Care and Consultancy Ltd
Registered places	3
Language of the service	Both
Previous Care Inspectorate Wales inspection	28 August 2019
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service.

### Summary

People choose how to live their lives in Tremora Cottage. They have a range of interests and hobbies they follow, independently and with support. They have their own routines and eat what they want when they want. Care plans are person centred showing clearly what is important to each person and what their outcomes are. Support provided is designed to help them achieve those outcomes. People's bedrooms are all different and reflect the person's interests and preferences. They feel comfortable in their rooms and feel they have everything they need in them. Communal areas of the home require some repair and renewal to make them more inviting and comfortable and the garden requires some maintenance to make it more useable.

Sufficient staffing levels cannot always be guaranteed; in cases of sickness or absence, the pool of staff available to draw from is limited. Management are currently considering ways of improving recruitment. The responsible individual, a person designated to ensure oversight of the service, must fulfil their role more effectively by completing frequent visits to the home, putting robust checks and measures in place, and providing biannual quality of care reports. This will help ensure issues are brought to the providers attention and resolved more promptly.

## Well-being

People have choice and control regarding all aspects of the care and support they receive. They choose where and how to spend their day and follow their own interests and hobbies. They are supported to maintain relationships with family and friends, staff transporting them to visit people who matter to them. Some people use local facilities and take advantage of the seaside location to fish and take long walks. People choose what they want to eat and help prepare the food. They enjoy good relationships with the staff and may converse in Welsh with staff who also speak the language.

People's physical, mental and emotional health and well-being is protected and promoted by trained staff who are quick to seek professional advice and guidance when necessary. People's care needs and their individual desired outcomes are recorded in a person-centred way so care staff know how people prefer to be supported. People are accompanied to appointments that keep them well and healthy. They partake in activities that keep them fit such as fishing, walking, and climbing.

People are kept safe by the services policies and procedures which staff must follow. Staff are properly vetted prior to employment, and they must undertake a range of training before they are able to support people in the home, including training about safeguarding vulnerable adults. There is an office in the house where staff and residents can speak to the manager should they ever be unhappy about any aspect of care provision.

People live in a large house, the rear of which faces the sea and gives wonderful views of the beach. Two of the three residents' bedrooms are on the ground floor, another is upstairs in the eaves of the house. Each room is presented according to each occupant's preference with pictures, photographs and other things that are important to them. There is a central lounge and a kitchen large enough to accommodate people being supported to prepare food. The house needs some repair and renewal, and the garden needs some attention so that it might be more inviting.

## Care and Support

The service considers a range of views and information before people come to live in the home to ensure all identified needs can be met. We saw professionals, people and their families contribute information, helping to provide a good, clear picture of the needs, preferences, hobbies and interests that are important to them.

Each person has an accurate and up to date plan of care. Plans are regularly reviewed to ensure records accurately reflect people's outcomes. We saw health professionals are involved in the reviews and records reflect that people take the opportunity to have their say about their own care. Risk assessments for all areas of potential risk are completed and reviewed in line with the care plans.

People are consulted about all aspects of their life in the home. Each person's daily routine differs according to their own preferences. We saw people coming into the kitchen to make themselves hot drinks; they took meals at different times. We saw each person had listed the groceries they needed on the next shopping trip, reflecting different preferences. Shelves in the fridge and kitchen cupboards have people's names on to identify which food belongs to who. Records of activities and associated plans of support show the service respects and promotes people's right to independence and choice. People choose activities that reflect their own interests such as fishing, walking and climbing. We spoke with people who told us they can see family and friends as staff will support them with transport. One person told us; *'the staff are good'*. They said they *'have everything I want in my room'* and they *'wouldn't change a thing about the home; everything is fine as it is'*.

People are supported to access healthcare and any other services necessary to maintain their health and well-being. We saw notes and other evidence of appointments with various health professionals. People's records show they visit the dentist, opticians, dermatology and physiotherapist; records also evidence people have the choice about attending these. We saw people are informed of their right to have an advocate if they wish.

There are mechanisms in place to safeguard people living in the home. All staff receive training in safeguarding and there are policies and procedures to follow should there be a concern of this nature. A manager is present in the home every day so people can raise issues if they wish. We spoke with a care staff who confirmed it is easy to talk with the manager. Records show how any restrictions on people's liberty are made only in people's best interests and with full agreement from people, their family and the safeguarding authority.

## Environment

The home is situated in a seaside town with local leisure facilities, shops and walking paths with great views of the sea. Transport is provided for more distant activities such as visiting family and friends. The house is large enough for the three residents having three bedrooms, a lounge/dining room with sufficient furniture and kitchen. Two bedrooms have ensuite facilities and one has a bathroom close by solely for that occupants use. Currently, residents tend to spend most time in their own bedrooms. One person told us how happy they are they are about to have a new chair in their bedroom and their previous recliner has broken. They said they have everything they want in their room and are happy with the home. We found some improvements in the rest of the house may make the communal areas more inviting and encourage full use of the space. The kitchen cupboards are dated and some drawer handles are missing; the kitchen work surface is very worn and is no longer non porous in places. The patio door in the lounge allows plenty of light and a view of the sea but it is faulty and can't easily be opened to let in fresh air. In the lounge, plaster work needs attention and a very worn chair needs replacing. There is a bedroom door, also a fire door, with a faulty closer; there is still a fault with the septic tank, identified as a problem more than a year ago and the garden needs some maintenance. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The service identifies and mitigates risks to health and safety. We saw risk assessments for individuals are part of the care delivery plan and there are clear instructions for staff on how to best support people safely. There are regular tests carried out to ensure the safety of the home including water temperatures, fire equipment and fire safety, and electrical installation checks.

## **Leadership and Management**

The provider has governance arrangements in place to monitor progress and check the home is operating safely and effectively but these are insufficient. The inspection found

issues which have previously been identified in the Responsible Individuals own visit reports of May 2019 and April 2022. The Responsible Individual (RI) for the service has not visited the home as frequently as is required, having missed the last two scheduled quarterly visits. More regular visits and audits by the RI may have identified these have not yet been addressed and other issues now exist, and they may have been resolved by the provider sooner. Additionally, we found the quality-of-care review report is completed annually instead of every six months, so providers do not always have an up-to-date, accurate, oversight of the service. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are not always supported by appropriate numbers of staff. We found the provider employs insufficient numbers of care staff to draw from if a staff scheduled to work is sick or absent. Rotas show two care staff and a manager is required to provide effective support; during our visit only one care staff and manager was available. Two staff had become sick and there were no other staff available. We spoke to staff who confirmed this can happen on occasion as there are insufficient staff available. We spoke with people, two of whom were also staying in their room due to sickness and they were not adversely impacted by this. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Staff are fully vetted prior to working for the service to ensure they are suitable for the role. They must undertake a range of training which is considered mandatory before they are permitted to work alone to help ensure consistent good practice and that staff are aware of how to meet people's needs safely and effectively. Staff are provided with opportunities to enhance their skills for specific needs relevant to the people they support. Staff told us they feel supported by the manager, that they are a *'breath of fresh air'* and *'always share information with staff'*. Staff feel involved and that they can speak with the manager about any issues.

### 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
N/A	No non-compliance of this type was identified at this inspection	N/A

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
------------	---------	--------



44	The home is not in a good state of repair inside; renewal and repair is required and the garden requires maintenance.	New
34	There are insufficient staff employed to ensure adequate cover should a staff scheduled to work, be absent.	New
73	The RI does not visit the service every three months. We identified issues that may have been identified and brought to the providers attention more swiftly had the RI visited more frequently. Oversight of the service is inadequate.	New

**Date Published** 09/06/2023

### 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
N/A	No non-compliance of this type was identified at this inspection	N/A

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
------------	---------	--------

44	The home is not in a good state of repair inside; renewal and repair is required and the garden requires maintenance.	New
34	There are insufficient staff employed to ensure adequate cover should a staff scheduled to work, be absent.	New
73	The RI does not visit the service every three months. We identified issues that may have been identified and brought to the providers attention more swiftly had the RI visited more frequently. Oversight of the service is inadequate.	New

**Date Published** 09/06/2023