



Inspection Report on

Marbryn Residential Home

**Marbryn Residential Home
North Road
Caernarfon
LL55 1BA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

7 August 2023.

07/08/2023

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About Marbryn Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Belinda Downey
Registered places	18
Language of the service	Both
Previous Care Inspectorate Wales inspection	30 November 2021.
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People living in Marbryn care home benefit from care given by staff who are familiar and know their needs well. The “Active Offer” of the Welsh language is fully realised with most staff able to speak Welsh with the high proportion of residents who speak Welsh as a first language. People are supported to remain in contact with loved ones and be an active part of the local community. Staff recruitment and retention is good. Staff told us they are well supported in their role by the management of the service. The responsible individual (RI) has good over-sight of the service and measures the quality of the care given to people. People are happy with their rooms and the cleanliness of the environment.

Well-being

People are cared for by staff who are familiar with their needs. Staff retention is good with many staff working several years in the home. We observed staff have a good rapport with people and families. A resident told us, *"It's nice here, I can just get on with my own things. The food is good."* Another person said in Welsh, the staff were very good, *"mae nhw yn dda iawn yma."* There is open visiting in the home. Families told us the communication is good from the home regarding their relatives. A person's relative told us in Welsh, it is lovely in the home, they are perfectly happy with the care as they know their relative is safe there, *"Lyfli yma, dwi'n berffaith hapus gyda'r gofal, dwi'n gwybod bod nhw'n saff yma"*.

People can make choices regarding their daily lives. The Welsh language is fully offered as many staff speak Welsh. People's first language choices are reflected in their personal plans. Staff are aware of people's food preferences and people have a choice regarding their daily meals and snacks. Food is cooked on the premises, and we saw they have regular deliveries of fresh ingredients. We saw people can personalise their rooms with things that matter to them. People told us they are happy with their rooms and the cleanliness of the home. There is a choice of lounges for people to sit in, depending on if they want to be social or have some quiet time. Activities are offered to people daily; we saw bunting was up in celebration of the Eisteddfod and many people were enjoying watching it on the TV.

Staff have regular training which supports them in their role. Staff can describe the local safeguarding procedure should they be worried about people's care. Staff told us they are happy with the training offered by the home as it gives them updated knowledge which enables them to care for people safely.

Care and Support

People are supported to be as healthy as possible. We saw from personal plans that people have regular reviews from the GP and health care professionals. People are enabled to attend dental, optician and hospital appointments. The district nurse told us care is good in the home and communication regarding people's symptoms is timely and accurate. Staff said there is a good relationship with the local chemist, and they can obtain prescriptions and new medications for people in a reliable manner. Staff have up to date training regarding medication administration and are competency tested.

People can influence their care. People told us they have choices regarding their day, when to get up and go to bed, and what to do in the day. Personal plans are centred around each person's needs and preferences and reflect their normal daily and nightly routines. Personal plans contain details about people's activities of daily living and are reviewed and updated regularly. Plans also contain risk assessments to keep people as safe as possible. People have Personal Emergency Evacuation Plans (PEEPS), in order that they may be evacuated safely in the event of an emergency.

Staff receive training and support to have good practice. Staff have safeguarding training to keep people safe. The service works well with local authorities and Care Inspectorate Wales (CIW) and report any incidents that affect people and the smooth running of the service.

Environment

The home is kept as safe as possible. Health and safety risk assessments are reviewed regularly to mitigate environmental risks for people and staff. The home is clean and tidy, and the corridors are kept free of trip hazards. Fire drills are carried out to ensure safe procedure and to evacuate people effectively. Utilities such as water, electricity and gas are tested regularly, and certificates obtained. The home has liability insurance which is within date. People can access appropriate equipment for their care, these are serviced regularly to ensure they are safe to use. The home has ongoing maintenance and decoration in progress to ensure the home is fresh and comfortable for people.

People are happy with the environment. People told us they can influence the décor of their rooms and can personalise them. Dedicated house-keeping staff keep the home clean. We saw people's clothes are laundered and ironed. The front garden is well kept with colourful planting for people to enjoy. There is parking to the rear of the home for visitors and staff.

Leadership and Management

The RI has good over-sight of the service and is in the home regularly. The RI tests the quality of the service, and the results are published in a report as required by the regulations. The RI regularly asks the views of residents and staff regarding the service so that they can influence future service planning.

Staff recruitment and retention is good. We saw from staff files that staff are recruited safely, and checks are in place to ensure staff are appropriate to work with vulnerable adults. Staff feel they are well supported and trained to enable them in their roles. We saw from the training documents and certificates, that staff training is up to date. We saw staff meeting minutes showing the RI communicates regularly with the staff about any changes in the service, what is done well, and any areas that require more work.

The RI has not reported any financial difficulties to CIW. We saw staff are recruited as necessary to provide safe care for people. The home and equipment are in a good state of repair. Fresh foods are delivered regularly to the home to provide people with good nutrition.

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
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
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N/A	No non-compliance of this type was identified at this inspection	N/A
57	The provider has not ensured risks to health and safety have been adequately assessed and mitigated as far as is practically possible.	Achieved

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